

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90114 007 ****61.25

DOCUMENT # 742618
 1. Entity Name
GALT TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 US	Mailing Address 4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-2993571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SONGER, KEVIN
4250 GALT OCEAN DR.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. CURRENT OFFICERS AND DIRECTORS

TITLE VD	NAME MOSES, SALLY	<input type="checkbox"/> Delete
STREET ADDRESS 4250 GALT OCEAN DR		
CITY-ST-ZIP FORT LAUDERDALE FL 33308		
TITLE SD	NAME SONGER, KEVIN	<input type="checkbox"/> Delete
STREET ADDRESS 4250 GALT OCEAN DR		
CITY-ST-ZIP FORT LAUDERDALE FL 33308		
TITLE TD	NAME YUSIM, SHELDON	<input type="checkbox"/> Delete
STREET ADDRESS 4250 GALT OCEAN DR		
CITY-ST-ZIP FORT LAUDERDALE FL 33308		
TITLE PD	NAME LIBERTELLA, ADAM	<input type="checkbox"/> Delete
STREET ADDRESS 4250 GALT OCEAN DRIVE		
CITY-ST-ZIP FT. LAUDERDALE FL 33308		
TITLE ATD	NAME PESCOSOLIDO, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 4250 GALT OCEAN DR		
CITY-ST-ZIP FORT LAUDERDALE FL 33308		
TITLE FS	NAME PLAUT, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 4250 GALT OCEAN DRIVE		
CITY-ST-ZIP FORT LAUDERDALE FL 33308		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin Songer* **Kevin Songer** 4-3-02 954-563-7268

CR2E037 (9/01)