

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90505 004 ****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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 *Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **36-2993571** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DALLY, ROBERT C
 4250 GALT OCEAN DR.
 #9M
 FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent
 Name **Herbert Kwart**
 Street Address (P.O. Box Number is Not Acceptable)
4250 Galt Ocean Drive #15T
 City **Ft. Lauderdale FL** Zip Code **33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Herbert Kwart*, Secretary DATE **4-12-04**

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDX SONGER, KEVIN 4250 GALT OCEAN DR FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD Kevin Songer 4250 Galt Ocean Dr. #10T Ft. Laud., FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALLY, ROBERT C 4250 GALT OCEAN DR #9M FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert C. Dally 4250 Galt Ocean Dr. #9M Ft. Laud., FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALLY, ROBERT C 4250 GALT OCEAN DR #9M FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Josephine Vissering 4250 Galt Ocean Dr. #2D Ft. Laud., FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SONGER, KEVIN 4250 GALT OCEAN DR #10T FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Herbert Kwart 4250 Galt Ocean Dr. #15T Ft. Laud., FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDX PESCOSOLIDO, JOHN 4250 GALT OCEAN DR., #15B FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John Pescosolido 4250 Galt Ocean Dr. #15B Ft. Laud., FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MATTHEW GILL 4250 GALT OCEAN DR #3U FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Matthew Gill 4250 Galt Ocean Dr. #3U Ft. Laud., FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *John Pescosolido*, President DATE **4-12-04** Daytime Phone # **954-563-7268**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #