

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90009 045 ****61.25

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



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

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 Applied For
36-2993571 Not Applicable

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

6. Name and Address of Current Registered Agent
KWART, HERBERT
4250 GALT OCEAN DRIVE #15T
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 2005

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

TITLE	FSD	<input type="checkbox"/> Delete
NAME	SONGER, KEVIN	
STREET ADDRESS	4250 GALT OCEAN DR. #10T	
CITY-ST-ZIP	FT. LAUD. FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DALLY, ROBERT	
STREET ADDRESS	4250 GALT OCEAN DR. #9M	
CITY-ST-ZIP	FT. LAUD. FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VISSERING, JOSEPHINE	
STREET ADDRESS	4250 GALT OCEAN DR. #2D	
CITY-ST-ZIP	FT. LAUD. FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KWART, HERBERT	
STREET ADDRESS	4250 GALT OCEAN DR. #15T	
CITY-ST-ZIP	FT. LAUD. FL 33308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PESCOSOLIDO, JOHN	
STREET ADDRESS	4250 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUD. FL 33308	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	GILL, MATTHEW	
STREET ADDRESS	4250 GALT OCEAN DR. #15B	
CITY-ST-ZIP	FT. LAUD. FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheldon Yusim	
STREET ADDRESS	4250 Galt Ocean Dr. # 11A	
CITY-ST-ZIP	Ft. Laud. FL 33308	

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: Kate Dally 3-22-05 954-563-7268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #