

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90136 020 \*\*\*\*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**

JUUUU00J1



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

1st MOORE      CR2E037 (10/05)

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 Herbert Kwart      DATE 3-23-06  
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**  
**Due By May 1, 2006**

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 checked="" type="checkbox"/> Delete
NAME	<del>WISSERING, JOSEPHINE</del>	
STREET ADDRESS	<del>4250 GALT OCEAN DR. #10T</del>	
CITY-ST-ZIP	<del>FT. LAUD. FL 33308</del>	
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 type="checkbox"/> Delete
NAME	YUSIM, SHELDON	
STREET ADDRESS	4250 GULF OCEAN DR #11A	
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	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene D'Ambrosio	
STREET ADDRESS	4250 Galt Ocean Dr. #14A	
CITY-ST-ZIP	FT. LAUD., FL 33308	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Herbert Kwart      DATE 3-23-06