

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 001 ****61.25

DOCUMENT # 742618

1. Entity Name
GALT TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 US
 4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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

KWART, HERBERT
 4250 GALT OCEAN DRIVE #15T
 FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

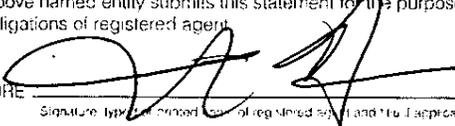
Name **Joe Chiaramonte**

Street Address (P.O. Box Number is Not Acceptable)
4250 Galt Ocean Dr.

Apt. 145

City **Ft. Lauderdale** FL Zip Code **33308**

B. 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  **Joe Chiaramonte** DATE **4-15-08**

Signature typed and printed below of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when re-appointing)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

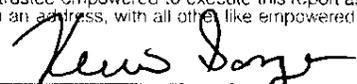
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE FSD - PD <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 D'AMBROSIO, EUGENE STREET ADDRESS 4250 GALT OCEAN DR. # 14 A CITY-ST-ZIP FORT LAUDERDALE FL 33308
TITLE SD <input checked="" type="checkbox"/> Delete	NAME KWART, HERBERT STREET ADDRESS 4250 GALT OCEAN DR. #15T CITY-ST-ZIP FT. LAUD. FL 33308
TITLE PD <input checked="" 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 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 PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Steve Marcus STREET ADDRESS 4250 Galt Ocean Dr. #2B CITY-ST-ZIP Ft. Laud., FL 33308
TITLE SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Joe Chiaramonte STREET ADDRESS 4250 Galt Ocean Dr. #145 CITY-ST-ZIP Ft. Laud., FL 33308
TITLE FSD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Ronald Powell STREET ADDRESS 4250 GALT OCEAN DR. #4N CITY-ST-ZIP Ft. Laud., FL 33308
TITLE ATD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Joanne Sperling STREET ADDRESS 4250 Galt Ocean Dr. #11F CITY-ST-ZIP Ft. Laud., FL 33308

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:  **Kevin Songer** DATE **4-15-08** **954-563-7268**