FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 749790

1. Corporation Name

(2)

GALT CONDOMINIUM ASSOCIATION, INC.

FILED May 14 1997 8:00am Secretary of State



Principa! Plac	e of Business	Mailing Addres	is .						
4007 N OCEAN BLVD FT. LAUDERDALE FL 33308			4007 N OCEAN BLVD FT. LAUDERDALE FL 33308-6445						
						3. Date Incorporated or Qualified 11/14/1979	3a. Date of 05/2	Last R 28/199	eport 96
	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number 65-0347492			plied For
21		26				I Not Applicable			
22		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	· · ·			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	C	ountry	y	8. This corporation has liability for li	ntangible tax u	inder s	199.032,
24	25	29	30				Yes No		
	9. Name and Address of C	urrent Registered Agent			T	10. Name and Address of New Reg	stered Agen	<u>t</u>	
l				81	Name				
	K, Robert A :o R.E. Consultants inc					ress (P.O. Box Number is Not Acceptable)			
3435 GALT OCEAN DRIVE									
FT. LAUI	DERDALE FL 33308			84	City		- 85	Zip	Code
: 			·				<u> </u>		
11. Pursuant office or r	to the provisions of Sections 61 registered agent, or both, in the	7.0502 and 617.1508, Flor State of Florida, Such cha	rida Statutes, the ange was authori:	abov zed b	re-named cor v the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of char t the appointm	nging it nent as	s registered registered
agent. I a	im familiar with, and accept the	obligations of, Section 61	7.0503, Florida S	tatute	S	ation's board of directors. I hereby accep			
SIGNATURE .	Bignature, typed or printed name of registe	a side il a colo di	407.5			uired when reinstating)	DATE		
12.		IS AND DIRECTORS	(NOTE: Hogsi		eni signature reqi	ADDITIONS/CHANGES TO OFFIC		ECTOR	S IN 12
TITLE	PD			TITLE		Application of the design of t		hange	Addition
NAME	TOTINO, JOHN	<u></u> -		NAME					
STREET ADDRESS	4007 N. OCEAN BLVD.				T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 333	308		4 C(TY-:	1				
TITLE	VPD			TITLE	DI \$11			hange	Addition
NAME	TOTINO, JOHN	_		NAME			_	•	_
STREET ADDRESS	4007 N. OCEAN BLVD.		1		T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 333	308	Y		ST-ZIP				
TITLE	STD			TITLE	31-211			Change	Addition
NAME	TOTINO, MARIA	_		2 NAME				-	
STREET ADORESS	4007 N. OCEAN BLVD.		3.5	STREE	T ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 333	308	I -	I. CITY-					
TITLE				TITLE				Change	Addition
NAME			4.	2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			4.4	4 CITY-:	ST-ZIP				
TITLE				1 TITLE				Change	Addition
NAME			5.3	2 NAME					
STREET ADDRESS			5.3	3 STREE	T ADDRESS				
CITY-ST-ZIP				CITY-					
TITLE	<u> </u>			TITLE				hange	Addition
NAME			63	2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	:			4 CiTY-:					
	by cartify that the information a	inglied with this filing door				ed in Section 119 07/3Vi). Florida Statutor	L further port	ify that	tho

I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address.