

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 749790 1. Entity Name GALT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4007 N OCEAN BLVD FT. LAUDERDALE, FL 33308	Mailing Address 4007 N OCEAN BLVD FT. LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0347492	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, RODEIGO
4007 N. OCEAN BLVD.
4A
FT. LAUDERDALE, FL 33308

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SMITH, PATRICK 4007 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MANNING, KEVIN 4007 N. OCEAN BLVD. FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGO, MARTINEZ 4007 N OCEAN BLVD FORT LAUDERDALE, FL 33308
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02/12/07-80029-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Manning 1-31-07 9545683706

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