

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751180 (1)
1. Corporation Name
GALT OCEAN TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3031 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308
US**

Mailing Address
**3031 NORTH OCEAN BLVD.
FORT LAUDERDALE FL 33308**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1980		3a. Date of Last Report 03/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2010948		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**LYONS, ESTELLE
3031 N OCEAN BLVD. APT 702
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Delores Camacho* Agent *4/2/96*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAST	1.1 TITLE	T/D
NAME	ABERMAN, MARK	1.2 NAME	☒ Change ☐ Addition
STREET ADDRESS	3031 N OCEAN BLVD., #1701	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	B/D
NAME	LYONS, ESTELLE	2.2 NAME	GERALDINE Coppola
STREET ADDRESS	3031 N OCEAN BLVD	2.3 STREET ADDRESS	3031 N. Ocean Blvd 708
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	ID	3.1 TITLE	VP
NAME	COHEN, ESTELLE	3.2 NAME	Louis Canepa
STREET ADDRESS	3031 N OCEAN BLVD	3.3 STREET ADDRESS	3031 N. Ocean Blvd 1604
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	VO	4.1 TITLE	D
NAME	MICHALIK, MARY ANN	4.2 NAME	Roger Truonport
STREET ADDRESS	3031 N OCEAN BLVD., #402	4.3 STREET ADDRESS	3031 N Ocean Blvd 508
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	SD	5.1 TITLE	P/D
NAME	VALLO, JOSEPH A	5.2 NAME	☒ Change ☐ Addition
STREET ADDRESS	3031 N OCEAN BLVD., #1406	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Aberman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 *(954) 561-1702*
Date Day/Date Phone

CR2E037 (12/95)