FILE NOW: FILING FEE IS $61.25

FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 751180 (1)

1. Corporation Name
GALT OCEAN TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3031 NORTH OCEAN BLVD. FT. LAUDERDALE FL 33308 US	3031 NORTH OCEAN BLVD. FORT LAUDERDALE FL 33308-7334

3. Date Incorporated or Qualified: 02/21/1980
3a. Date of Last Report: 04/08/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26: PO Box 452347
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Sunrise FL
Zip — 24: Country — 25:
Zip — 29: 33345 Country — 30: USA

4. FEI Number: 59-2010948 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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~~

4/2/97
$61.25
#5685

10. Name and Address of New Registered Agent

81 Name: CREST Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable): 4700 Hiatus Road #156
83:
84 City: Sunrise FL 85 Zip Code: 33351

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: Donald R Custin Donald R. Castagno 4/8/97
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	~~TD~~	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ABERMAN, MARK		1.2 NAME		
STREET ADDRESS	3031 N OCEAN BLVD., #1701		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COPPOLAY, GERALDINE		2.2 NAME	Coppola Geraldine	
STREET ADDRESS	3031 N OCEAN BLVD 708		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	~~CANEPA, LOUIS~~		3.2 NAME	Robert Gross	
STREET ADDRESS	~~3031 N OCEAN BLVD 1604~~		3.3 STREET ADDRESS	3031 N Ocean Blvd 1407	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	~~DAVENPORT, ROGER~~		4.2 NAME	Jutta Jorgens	
STREET ADDRESS	~~3031 N OCEAN BLVD 506~~		4.3 STREET ADDRESS	3031 N Ocean Blvd 1805	
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		4.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308	
TITLE	~~PD~~	☐ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	VALLO, JOSEPH A		5.2 NAME		
STREET ADDRESS	3031 N OCEAN BLVD., #1406		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. 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 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: [illegible] **REQUIRED** 4/4/97
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone # 0034300