

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751180

1. Entity Name

GALT OCEAN TERRACE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90011 031 ****61.25

Principal Place of Business

Mailing Address

3031 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308
US

P O BOX 452347
SUNRISE FL 33345-2347
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2010948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREST PROPERTY MGMT
4700 HIATUS ROAD #156
SUNRISE FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

PD
ABERMAN, MARK
3031 N OCEAN BLVD., #1701
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

SD
COPPOLA, GERALDINE
3031 N OCEAN BLVD 708
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TD
GROSS, ROBERT
3031 N OCEAN BLVD 1407
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

VP
JORGENS, JUTTA
3031 N OCEAN BLVDL 1805
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

D
LEROUX, SUZANNE
3031 N OCEAN BLVD, #1807
FT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)