2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751180

FILED Apr 07, 2009 Secretary of State

Entity Name: GALT OCEAN TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	TH OCEAN BLV ERDALE, FL 333			
Current M	lailing Address:		New Mailing Addres	ss:
	TH OCEAN BLV ERDALE, FL 333			
FEI Number	: 59-2010948	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cui	rent Registered Agent:	Name and Address	of New Registered Agent:
	HOLLY E AKLAND PARK E ERDALE, FL 333			
	named entity sul e of Florida.	omits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	⊃⊏.			
SIGNATO		Oissanting of Descietance Ass		Dete
	Electronic	Signature of Registered Ag		Date BES TO OFFICERS AND DIRECTORS
OFFICER: Fitle: Name: Address:		DRS: elete .VD., #1701		
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic S AND DIRECTO PD () DO ABERMAN, MARK 3031 N OCEAN BI	PRS: elete VD., #1701 FL elete I	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS
	Electronic S AND DIRECTO PD () DO ABERMAN, MARK 3031 N OCEAN BI FT LAUDERDALE, VPD () DO LOTERSTEIN, AR' 3031 N. OCEAN B FORT LAUDERDA SD () DO SCIBONA, SANDR	PRS: elete VD., #1701 FL elete F LVD. LE, FL 33308 elete A AN BOULEVARD SUITE 307	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Name: Address:	Electronic S AND DIRECTO PD () DO ABERMAN, MARK 3031 N OCEAN BI FT LAUDERDALE, VPD () DO LOTERSTEIN, AR 3031 N. OCEAN B FORT LAUDERDA SD () DO SCIBONA, SANDR 3031 NORTH OCE FORT LAUDERDA TD () DO DAY, JOE	PRS: elete VD., #1701 FL elete FL LVD. LE, FL 33308 elete A AN BOULEVARD SUITE 307 LE, FL 33308 elete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ABERMAN PD 04/07/2009