

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90140 036 ****61.25

DOCUMENT # 751180

1. Entity Name

GALT OCEAN TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3031 NORTH OCEAN BLVD.
FT. LAUDERDALE FL 33308
US**

Mailing Address

**P O BOX 452347
SUNRISE FL 33345
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2010948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(SEE E: 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ABERMAN, MARK**
STREET ADDRESS **3031 N OCEAN BLVD., #1701**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ Change ☒ Addition
NAME **Danny Carter**
STREET ADDRESS **3031 N Ocean Blvd**
CITY-ST-ZIP **24. Lauderdale Fl 33308**

TITLE **SD** ☐ Delete
NAME **COPPOLA, GERALDINE**
STREET ADDRESS **3031 N OCEAN BLVD 708**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **JORGENS, JUTTA**
STREET ADDRESS **3031 N OCEAN BLVD 1805**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LEROUX, SUZANNE**
STREET ADDRESS **3031 N OCEAN BLVD, #1807**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GUIDA, MARY ANN**
STREET ADDRESS **3031 N OCEAN BLVD, #402**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **Joseph Day**
STREET ADDRESS **3031 N Ocean Blvd 202**
CITY-ST-ZIP **24. Lauderdale Fl 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Required **Resident 3/26/03 954561-172**

CR2E037 (10/02)