

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 759859**

1. Entity Name

GALT OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.**FILED**
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90245 008 ****61.25

Principal Place of Business

**4040 GALT OCEAN DRIVE
FT LAUDERDALE FL 33308**

Mailing Address

**4040 GALT OCEAN DRIVE
FT LAUDERDALE FL 33308****361794**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3202079

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

**SHAFFER, DARLENE K
4040 GALT OCEAN DR
FT. LAUDERDALE FL 33308**

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 \$61.259. 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	TD	☐ Delete
NAME	LEVINE, ARTHUR	
STREET ADDRESS	4040 GALT OCEAN DR.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE	PD	☐ Change ☒ Addition
NAME	William G. Brown	
STREET ADDRESS	4040 Galt Ocean Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	

TITLE	SD	☒ Delete
NAME	STEINBACH, DIANE	
STREET ADDRESS	4040 GALT OCEAN DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	VPD	☐ Change ☒ Addition
NAME	Brian E. Mulligan	
STREET ADDRESS	4040 Galt Ocean Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	

TITLE	ASD	☒ Delete
NAME	BOYD, BRETT	
STREET ADDRESS	3821 NW 21ST STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	

TITLE	SD	☐ Change ☒ Addition
NAME	Gary Todd	
STREET ADDRESS	4040 Galt Ocean Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	

TITLE	VPD	☒ Delete
NAME	MARKOFSKY, STANLEY	
STREET ADDRESS	4040 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

TITLE	ASD	☐ Change ☒ Addition
NAME	Dino D'Agostino	
STREET ADDRESS	4040 Galt Ocean Dr.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	

TITLE	PD	☒ Delete
NAME	AGNELLO, ANGELO A	
STREET ADDRESS	4021 SHELLDRAKE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **REQUIRED** **Brian E. Mulligan, Vice Pres.** **4/26/02 (954) 568-0507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)