

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90002 041 \*\*\*\*61.25

<b>DOCUMENT # 770315</b> 1. Entity Name <b>GALT OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3800 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308</b>			Mailing Address <b>3800 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2343612</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ISRAEL L 3800 GALT OCEAN DRIVE FT. LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name <b>RAMON CAMARERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3800 GALT OCEAN DRIVE</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33308</b>	
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  DATE <b>8-11-08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIEDMAN, MARTIN 3800 GALT OCEAN DR #910 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHORT, MARY 3800 GALT OCEAN DR. #PH2 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCLAFANI, JOSEPH 3800 GALT OCEAN DR #1210 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IERACI, PIO 3800 GALT OCEAN DRIVE #609 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BIANCO, ELIZABETH 3800 GALT OCEAN DR. #806 FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP short, mary 3800 GALT OCEAN DR #PH2 Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wallerich, George 3800 GALT OCEAN DRIVE Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Siegel, Henriette 3800 GALT OCEAN DR #PH8 Fort Lauderdale, FL 33308	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE <b>8-11-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40113390



08012008 Chg-NP CR2E037 (12/06)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **RAMON CAMARERA**

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

**3800 GALT OCEAN DRIVE**

City **FT. LAUDERDALE** FL Zip Code **33308**

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SIGNATURE DATE **8-11-08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
FRIEDMAN, MARTIN  
3800 GALT OCEAN DR #910  
FORT LAUDERDALE, FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
SHORT, MARY  
3800 GALT OCEAN DR. #PH2  
FORT LAUDERDALE, FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SCLAFANI, JOSEPH  
3800 GALT OCEAN DR #1210  
FORT LAUDERDALE, FL 33308

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
IERACI, PIO  
3800 GALT OCEAN DRIVE #609  
FORT LAUDERDALE, FL 33308

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
BIANCO, ELIZABETH  
3800 GALT OCEAN DR. #806  
FORT LAUDERDALE, FL 33308

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

[Empty]

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
short, mary  
3800 GALT OCEAN DR #PH2  
Fort Lauderdale, FL 33308

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
Wallerich, George  
3800 GALT OCEAN DRIVE  
Fort Lauderdale, FL 33308

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

[Empty]

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
Siegel, Henriette  
3800 GALT OCEAN DR #PH8  
Fort Lauderdale, FL 33308

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

[Empty]

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: DATE **8-11-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #