


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000007374**

1. Entity Name  
**GALT OCEAN SHOPPES IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business <b>3530 N OCEAN BLVD          FORT LAUDERDALE, FL 33308</b>	Mailing Address <b>3530 N OCEAN BLVD          FORT LAUDERDALE, FL 33308</b>
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01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1145638</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF LAWRENCE E BLACKE, P.A.  
 3326 NE 33RD STREET  
 FORT LAUDERDALE, FL 33308**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEEDS, ALEX DR. 3530 N OCEAN BLVD FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BLACKE, LAWRENCE E 3530 N OCEAN BLVD FORT LAUDERDALE, FL 33308
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 02/01/06-80014-020 61.25

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: *Lawrence E. Blacque* 1/18/06 954-566-5070  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #