

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002566 (8)

1. Corporation Name

GALT ISLAND SUBDIVISION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**347 STIRRUP KEY BLVD
MARATHON FL 33050**

**347 STIRRUP KEY BLVD
MARATHON FL 33050**

3. Date Incorporated or Qualified
06/08/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0461116

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLS, WILLIAM T
347 STIRRUP KEY BLVD
MARATHON FL 33050**

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD <input type="checkbox"/> DELETE
NAME	MILLS, WILLIAM T
STREET ADDRESS	347 STIRRUP KEY BLVD
CITY-ST-ZIP	MARATHON FL 33050
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVISON, DOYLE A
STREET ADDRESS	672 FAIRWOOD DR
CITY-ST-ZIP	INKSTER MI
TITLE	D <input type="checkbox"/> DELETE
NAME	PATZER, GEORGE R
STREET ADDRESS	32935 GRENNADA
CITY-ST-ZIP	LIVONIA MI 48154
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, LUIS P
STREET ADDRESS	105 AVE "D" #103
CITY-ST-ZIP	MARATHON FL 33050
TITLE	VD <input type="checkbox"/> DELETE
NAME	BOE, T. GLEN
STREET ADDRESS	318 STIRRUP KEY BLVD
CITY-ST-ZIP	MARATHON FL 33050
TITLE	ST <input type="checkbox"/> DELETE
NAME	MILLS, JOYCE J
STREET ADDRESS	347 STIRRUP KEY BLVD
CITY-ST-ZIP	MARATHON FL 33050

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

[Signature]
4/22/96 305/743-2818