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**May 01, 1999 8:00 am**  
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05-01-1999 90063 016 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000002566**

1. Corporation Name

**GALT ISLAND SUBDIVISION HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

347 STIRRUP KEY BLVD  
 MARATHON FL 33050

Mailing Address

347 STIRRUP KEY BLVD  
 MARATHON FL 33050



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/08/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 65-0461116

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

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  DELETE  
 NAME MILLS, WILLIAM T  
 STREET ADDRESS 347 STIRRUP KEY BLVD  
 CITY-ST-ZIP MARATHON FL 33050

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME DAVISON, DOYLE A  
 STREET ADDRESS 672 FAIRWOOD DR  
 CITY-ST-ZIP INKSTER MI

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME PATZER, GEORGE R  
 STREET ADDRESS 32935 GRENNADA  
 CITY-ST-ZIP LIVONIA MI 48154

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME JOHNSON, LUIS P  
 STREET ADDRESS 105 AVE "D" #103  
 CITY-ST-ZIP MARATHON FL 33050

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE VD  DELETE  
 NAME BOE, T. GLEN  
 STREET ADDRESS 318 STIRRUP KEY BLVD  
 CITY-ST-ZIP MARATHON FL 33050

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE ST  DELETE  
 NAME MILLS, JOYCE J  
 STREET ADDRESS 347 STIRRUP KEY BLVD  
 CITY-ST-ZIP MARATHON FL 33050

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 305-743-2812  
 Date Daytime Phone #

CR2E037 (1/198)