

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-02-2002 90004 014 ****61.25

DOCUMENT # N93000002566

1. Entity 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

36283

2. Principal Place of Business

4901 Galt Island Ave.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 146

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. James City

City & State

FL

4. FEI Number

65-0461116

Applied For

Not Applicable

Zip

33956

Country

Lee

Zip

33956

Country

Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MILLS, WILLIAM T
 347 STIRRUP KEY BLVD
 MARATHON FL 33050

7. Name and Address of New Registered Agent

Name: Gary H. Abernathy
 Street Address (P.O. Box Number is Not Acceptable)

4901 Galt Island Ave.
 City

St. James City, FL

Zip Code 33956

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 \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD MILLS, WILLIAM T	347 STIRRUP KEY BLVD	MARATHON FL 33050	<input checked="" type="checkbox"/>
D PATZER, GEORGE R	18021 UNIVERSITY PARK DR	LIVONIA MI 48152	<input checked="" type="checkbox"/>
D JOHNSON, LUIS P	1521 ALTON RD 254	MIAMI FL 33139	<input checked="" type="checkbox"/>
VD BOE, T. GLEN	318 STIRRUP KEY BLVD	MARATHON FL 33050	<input checked="" type="checkbox"/>
ST MILLS, JOYCE J	347 STIRRUP KEY BLVD	MARATHON FL 33050	<input checked="" type="checkbox"/>
			<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P Abernathy, Gary H.	4901 Galt Island Ave.	St. James City, FL 33956	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VP John E Brase	4961 Galt Island Ave.	St. James City, FL 33956	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D Donald C. Werner	PO Box 616	St. James City, FL 33956	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D Sandra M. Werner	PO Box 616	St. James City, FL 33956	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST Carolyn S. Lukash	3415 Ceitus Parkway	Cape Coral, FL 33991	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)