

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751180

Entity Name: GALT OCEAN TERRACE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 02, 2018
Secretary of State
CC8306640260**Current Principal Place of Business:**BROCK PROPERTY MANAGEMENT
12444 WEST ATLANTIC BLVD
CORAL SPRINGS, FL 33071**Current Mailing Address:**BROCK PROPERTY MANAGEMENT
12444 WEST ATLANTIC BLVD
CORAL SPRINGS, FL 33071 US**FEI Number:** 59-2010948**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROCK PROPERTY MANAGEMENT
C/O BROCK PROPERTY MANAGEMENT, INC.
12444 WEST ATLANTIC BLVD
CORAL SPRINGS, FL 33071 US*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:** TOM BURGMANN**04/02/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	BURGMANN, THOMAS
Address	BROCK PROPERTY MANAGEMENT 12444 WEST ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	DIRECTOR
Name	LOFFREDA-MANCINELLI, CLAUDIO
Address	BROCK PROPERTY MANAGEMENT 12444 WEST ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	VP
Name	CURRAN, RICHARD
Address	BROCK PROPERTY MANAGEMENT 12444 WEST ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

Title	TREASURER
Name	LYNCH, EDWARD
Address	BROCK PROPERTY MANAGEMENT 12444 WEST ATLANTIC BLVD
City-State-Zip:	CORAL SPRINGS FL 33071

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BURGMANN , THOMAS**PRESIDENT****04/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date