

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:13

DOCUMENT # **749605** (2)
1. Corporation Name
GALLERY PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**175 WORTH AVENUE
PALM BEACH FL 33480**
~~222 LAKEVIEW AVE
SUITE 1000
W PALM BEACH FL 33401
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1979** 3a. Date of Last Report **03/01/1994**
4. FEI Number **NOT APPLICABLE** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **250 Worth Avenue #4**
22 City & State **27** Suite, Apt. #, etc.
23 City & State **28** **Palm Beach, Florida**
24 Zip **25** Country **29** Zip **30** Country
33480 **Palm Beach**

9. Name and Address of Current Registered Agent
MENOR, ARTHUR J., ESQ.
~~**222 LAKEVIEW AVE**
SUITE 1000
W PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
250 Australian Avenue South
83 Suite 500
84 City **West Palm Beach** **FL** **85** Zip Code **33401**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	RYAN, ROBERT
STREET ADDRESS	814 N. MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	PD
NAME	FINDLAY, WALSTEIN C., JR
STREET ADDRESS	814 N. MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	VD
NAME	HANDELSMAN, BURTON
STREET ADDRESS	18 HOTEL DR.
CITY - ST - ZIP	WHITE PLAINS NY
TITLE	SD
NAME	HANDELSMAN, STEVEN
STREET ADDRESS	5 LOVE LANE
CITY - ST - ZIP	HARRISON NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 119.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BURTON HANDELSMAN **4/2/95** **914 761-8880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone/Fax #