


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90034 026 \*\*\*\*61.25

<b>DOCUMENT # 749605</b>		
1. Entity Name GALLERY PLACE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 175 WORTH AVENUE PALM BEACH, FL 33480	Mailing Address 250 WORTH AVENUE #4 SUITE 1000 PALM BEACH, FL 33480 US	



01132004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

HANDELSMAN, BURTON  
250 WORTH AVE  
PALM BEACH, FL 33480

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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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	TD
NAME	HANDELSMAN, LUCILLE
STREET ADDRESS	256 WORTH AVE
CITY-ST-ZIP	PALM BCH, FL 33480
TITLE	PD
NAME	STOCKER, MARSHA
STREET ADDRESS	5 LOVE LANE
CITY-ST-ZIP	HARRISON, NY 10528
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  