


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90121 038 ****61.25

DOCUMENT # 749605


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**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02222005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HANDELSMAN, BURTON
 250 WORTH AVE
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005.

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANDELSMAN, BURTON			NAME			
STREET ADDRESS	18 HOTEL DR.			STREET ADDRESS	250 WORTH AVE		
CITY-ST-ZIP	WHITE PLAINS, NY			CITY-ST-ZIP	PALM BEACH FL 33480		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANDELSMAN, STEVEN			NAME			
STREET ADDRESS	5 LOVE LANE			STREET ADDRESS	7 LOVE LANE		
CITY-ST-ZIP	HARRISON, NY			CITY-ST-ZIP	HARRISON NY 10528		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANDELSMAN, LUCILLE			NAME			
STREET ADDRESS	256 WORTH AVE			STREET ADDRESS	250 WORTH AVE		
CITY-ST-ZIP	PALM BCH, FL 33480			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOCKER, MARSHA			NAME			
STREET ADDRESS	5 LOVE LANE			STREET ADDRESS			
CITY-ST-ZIP	HARRISON, NY 10528			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 an other like empowered.

SIGNATURE:  **3/23/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #