


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90014 010 \*\*\*\*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, PALM BEACH FL 33480, US**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: **NO-T 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)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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**

TITLE: <b>VD</b>	<input type="checkbox"/> Delete
NAME: <b>HANDELSMAN, BURTON</b>	
STREET ADDRESS: <b>250 WORTH AVE</b>	
CITY-ST-ZIP: <b>PALM BEACH FL 33480</b>	
TITLE: <b>SD</b>	<input type="checkbox"/> Delete
NAME: <b>HANDELSMAN, STEVEN</b>	
STREET ADDRESS: <b>7 LOVE LANE</b>	
CITY-ST-ZIP: <b>HARRISON NY 10528</b>	
TITLE: <b>TD</b>	<input type="checkbox"/> Delete
NAME: <b>HANDELSMAN, LUCILLE</b>	
STREET ADDRESS: <b>250 WORTH AVE</b>	
CITY-ST-ZIP: <b>PALM BCH FL 33480</b>	
TITLE: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>STOCKER, MARSHA</b>	
STREET ADDRESS: <b>5 LOVE LANE</b>	
CITY-ST-ZIP: <b>HARRISON NY 10528</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Steven Handelsman* **3-30-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #