


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 A**  
**Secretary of State**

**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
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02282008 No Chg-NP CR2E037 (4/06)

**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

**DO NOT WRITE IN THIS SPACE**

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, 2008**

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

U00000871652  
 04/10/08-80008-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANDELSMAN, BURTON 250 WORTH AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANDELSMAN, STEVEN 7 LOVE LANE HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANDLESMAN, LUCILLE 250 WORTH AVE PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STOCKER, MARSHA 5 LOVE LANE HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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** 3-6-08

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