


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90138 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 749605</b> 1. Corporation Name <b>GALLERY PLACE CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 175 WORTH AVENUE PALM BEACH FL 33480	Mailing Address 250 WORTH AVENUE #4 SUITE 1000 PALM BEACH FL 33480 US	

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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>10/31/1979</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>
23. City & State	28. City & State	Applied For Not Applicable
24. Zip Country	29. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>MENOR, ARTHUR J., ESQ.</b> <b>250 AUSTRALIAN AVENUE SOUTH</b> <b>SUITE 500</b> <b>W PALM BEACH FL 33401</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>TD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RYAN, ROBERT</del>	1.2 NAME	HANDELSMAN, LUCILLE
STREET ADDRESS	<del>814 N. MICHIGAN AVE.</del>	1.3 STREET ADDRESS	250 WORTH AVE
CITY-ST-ZIP	<del>CHICAGO IL</del>	1.4 CITY-ST-ZIP	PALM BCH, FL 33480
TITLE	<del>PD</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FINDLAY, WALSTEIN C., JR</del>	2.2 NAME	STOCKER, MARSHA
STREET ADDRESS	<del>814 N. MICHIGAN AVE.</del>	2.3 STREET ADDRESS	5 LOVE LANE
CITY-ST-ZIP	<del>CHICAGO IL</del>	2.4 CITY-ST-ZIP	HARRISON, N.Y. 10528
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HANDELSMAN, BURTON	3.2 NAME	
STREET ADDRESS	18 HOTEL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HANDELSMAN, STEVEN	4.2 NAME	
STREET ADDRESS	5 LOVE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/23/99  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)