

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011410

FILED  
Sep 10, 2007  
Secretary of State

Entity Name: GALLERY ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2670 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

2950 N. 28TH TERRACE  
C/O THE CONTINENTAL GROUP, INC.  
HOLLYWOOD, FL 33020

**New Mailing Address:**

FEI Number: 20-4524860      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILKINS, ROBERT  
2670 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33304      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZANDER, DORON  
Address: 2670 EAST SUNRISE BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VPD ( ) Delete  
Name: WILKINS, ROBERT  
Address: 2670 EAST SUNRISE BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: STD ( ) Delete  
Name: LADD, ELIZABETH  
Address: 2670 EAST SUNRISE BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TOLL, CRAIG  
Address: 2670 EAST SUNRISE BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VPD (X) Change ( ) Addition  
Name: TORRY, TOM  
Address: 2670 EAST SUNRISE BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: STD (X) Change ( ) Addition  
Name: WILKINS, ROBERT  
Address: 2670 EAST SUNRISE BOULEVARD  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG TOLL

PD

09/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date