

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

DOCUMENT # N05000011410

1. Entity Name
GALLERY ONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2670 EAST SUNRISE BOULEVARD
FORT LAUDERDALE, FL 33304

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

FILED
Sep 23, 2008 08:00 AM
Secretary of State



09112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4524860
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOLL, CRAIG
STREET ADDRESS	2670 EAST SUNRISE BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	VPD
NAME	TORRY, TOM
STREET ADDRESS	2670 EAST SUNRISE BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	STD
NAME	WILKINS, ROBERT
STREET ADDRESS	2670 EAST SUNRISE BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000359936
09/23/08-80001-007 61.25

**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:

Craig Toll CRAIG TOLL

9/15/08

954-296-4358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #