


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

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

DOCUMENT # N05000011410 1. Entity Name GALLERY ONE CONDOMINIUM ASSOCIATION, INC.	
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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
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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 <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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