

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011410

**FILED**  
**Feb 08, 2016**  
**Secretary of State**  
**CC8732318347**

**Entity Name:** GALLERY ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

**FEI Number:** 20-4524860

**Certificate of Status Desired:** No

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

RODRIGUEZ, MARC  
C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

*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:** MARC RODRIGUEZ

02/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	VICE PRESIDENT / SECRETARY
Name	JAKOBSEN, EIGIL	Name	KALAJIAN, DREMA
Address	10112 USA TODAY WAY	Address	10112 USA TODAY WAY
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025
Title	TREASURER	Title	DIRECTOR
Name	WILKINS, ROBERT	Name	BJORK, HAKAN
Address	10112 USA TODAY WAY	Address	10112 USA TODAY WAY
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	MIRAMAR FL 33025
Title	DIRECTOR		
Name	LINDQVIST, ALF		
Address	10112 USA TODAY WAY		
City-State-Zip:	MIRAMAR FL 33025		

*I hereby 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 all other like empowered.*

**SIGNATURE:** EIGIL JAKOBSEN

PRESIDENT

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date