# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# 735465

**Entity Name:** THE GALLERY CONDOMINIUM ASS'N, INC.

**Current Principal Place of Business:**

619 ORTON AVE.
FT. LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1220 MIAMI ROAD
SUITE 6
FORT LAUDERDALE, FL 33316 US

**New Mailing Address:**

**FEI Number: 59-1695141** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHOOP, THOMAS V
1220 MIAMI ROAD
SUITE 6
FT. LAUDERDALE, FL 33316 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: HUGHES, RICHARD
Address: 619 ORTON AVE #303
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: MC CLAINE, JODY
Address: 619 ORTON AVE #502
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: SD ( ) Delete
Name: ROTH, BRANDON
Address: 619 ORTON AVE, #401
City-St-Zip: FORT LAUDERDALE, FL 33304

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

Title: PD (X) Change ( ) Addition
Name: MC CLAINE, JUSTIN
Address: 2225 IMPERIAL POINT DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: DT (X) Change ( ) Addition
Name: DAVIS, TOM
Address: 619 ORTON AVE #204
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUSTIN MC CLAINE PRES 04/29/2008

Electronic Signature of Signing Officer or Director — Date