FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07635 (8)

1. Corporation Name

THE GABLES CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1108 GULF BLVD. INDIAN ROCKS BCH FL 34635	1108 GULF BLVD. INDIAN ROCKS BCH FL 34635

3. Date Incorporated or Qualified: 02/14/1985
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2862149 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 c/o PAREKH, DENWARD & CO.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 8700 EAST BAY DR. #107
City & State 23	City & State 28 LARGO, FL
Zip 24 / Country 25	Zip 29 34641 / Country 30 PINELLAS

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TANKEL, ROBERT L. 33 N GARDEN AVE STE 360 CLEARWATER FL 34615-3955	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PANDOLFO, PETER	1.2 NAME	Eugene L. Beil	
STREET ADDRESS	37 SOUTH BROAD ST.	1.3 STREET ADDRESS	12312 US Hwy 19 N	
CITY-ST-ZIP	MERIDEN CT	1.4 CITY-ST-ZIP	Hudson, FL 34667	
TITLE	VP	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	BARBAS, STEPHEN M.	2.2 NAME	Mark Hagopian	
STREET ADDRESS	717 SOUTH WILLOW AVE	2.3 STREET ADDRESS	418 St. Andrew Dr	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Belleair FL 34617	
TITLE	TD	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HALL, BEATRICE	3.2 NAME	Richard Barbour	
STREET ADDRESS	1108 GULF BLV #107	3.3 STREET ADDRESS	1108 Gulf Blvd # 305	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	3.4 CITY-ST-ZIP	Indian Rocks Beach, FL 34635	
TITLE	SD	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HAGOPIAN, MARK	4.2 NAME	Eunice Krueger	
STREET ADDRESS	418 ST. ANDREW DR.	4.3 STREET ADDRESS	1235 Woodside Lane	
CITY-ST-ZIP	BELLEAIR FL	4.4 CITY-ST-ZIP	Elm Grove, Wisconsin 53133	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene L. Beil Eugene L. Beil 4-17-95 813 848-2306
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018044