

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N07635 (8)**

1. Corporation Name

THE GABLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1108 GULF BLVD. INDIAN ROCKS BCH FL 34635**
Mailing Address: **% PAREKH, DENNARD & CO 2700 E BAY DR #107 LARGO FL 34641 US**

3. Date Incorporated or Qualified: **02/14/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2862149**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 c/o PAREKH, COMMONS + Co.**
Suite, Apt. #, etc.: **22**
City & State: **27 same**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**TANKEL, ROBERTL.
33 N GARDEN AVE
STE960
CLEARWATER FL 34615-3955**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEIL, EUGENE L.	1.2 NAME	
STREET ADDRESS	12312 US HWY 19 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGOPIAN, MARK	2.2 NAME	
STREET ADDRESS	418 ST. ANDREW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBOUR, RICHARD	3.2 NAME	
STREET ADDRESS	1108 GULF BLVD #305	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, EUNICE	4.2 NAME	
STREET ADDRESS	1235 WOODSIDE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELM GROVE WI	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**D VASYLIW, MARY
794 DEVONSHIRE RD
WINDSOR, ONTARIO, CN N8Y 2M1**
**D BARBAS, SCHERAZADE
717 S. WILLOW AVE
TAMPA, FL 33606**
**D VARNADOE, GLEN
5867 HOLLYHOCK DR
LAKELAND, FL 33813-3274**

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)(k), 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: _____ (Signature of Robert L. Tankel)
Date: **1/24/96** Daytime Phone #: **596-1407**

CP2E037 (12/95)