

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33785	Mailing Address % PAREKH. COMMONS & CO. 2700 E BAY DR #107 LARGO FL 33771-2459 US
---	---

3. Date Incorporated or Qualified 02/14/1985	3a. Date of Last Report 01/30/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip 33785	25. Country
24. Zip 33785	29. Country

4. FEI Number 59-2862149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees.
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
5999 CENTRAL AVE., SUITE 104
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 reinstating) 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 D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VASYLIW, MARY		2.2 NAME	
STREET ADDRESS 794 DEVONSHIRE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP WINDSOR ON		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 D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VARNADOE, GLEN		4.2 NAME	
STREET ADDRESS 5867 HOLLYHOCK DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARBAS, SCHERAZADE		5.2 NAME	
STREET ADDRESS 717 S WILLOW AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		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	

14. I do hereby certify that the information supplied with this filing 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: *Richard Barbour* **REQUIRE** *Richard Barbour* **2/14/97** **5961407**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061620

CR2E037 (9/96)