


FILE NOW: FILING FEE IS \$61.25

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**Feb 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07635 (8)
1. Corporation Name
THE GABLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1108 GULF BLVD. INDIAN ROCKS BCH FL 33785 US	Mailing Address % PAREKH. COMMONS & CO. 2700 E BAY DR #107 LARGO FL 34641 US
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3. Date Incorporated or Qualified 02/14/1985	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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
	30 33711

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	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEIL, EUGENE L.	
STREET ADDRESS	12312 US HWY 19 NORTH	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VASYLIW, MARY	
STREET ADDRESS	794 DEVONSHIRE ROAD	
CITY-ST-ZIP	WINDSOR ON	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARBOUR, RICHARD	
STREET ADDRESS	1108 GULF BLVD #305	
CITY-ST-ZIP	INDIAN ROCKS BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VARNADOE, GLEN	
STREET ADDRESS	5867 HOLLYHOCK DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARBAS, SCHERAZADE	
STREET ADDRESS	717 S WILLOW AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BEIL
1.3 STREET ADDRESS	13806 JUDY AVE.
1.4 CITY-ST-ZIP	34667
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLCOMBE, NORMAN
2.3 STREET ADDRESS	1108 GULF BLVD # 301
2.4 CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33785
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAHN, NORMA
4.3 STREET ADDRESS	1108 GULF BLVD # 107
4.4 CITY-ST-ZIP	INDIAN ROCKS BCH FL 33785
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33606
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on 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 in an attachment with an address.

SIGNATURE: _____ **REQUIRED** 59 2862149 1-29-98

CR2E037 (10/97)