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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07635

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 33711
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/14/1985

4. FEI Number

59-2862149

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME BIEL, EUGENE L
STREET ADDRESS 13806 JUDY AVE
CITY-ST-ZIP HUDSON FL 34667

TITLE VD DELETE
NAME HOLCOMBE, NORMAN
STREET ADDRESS 1108 GULF BLVD #301
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE TD DELETE
NAME BARBOUR, RICHARD
STREET ADDRESS 1108 GULF BLVD #305
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

TITLE D DELETE
NAME KAHN, NORMA
STREET ADDRESS 1108 GULF BLVD #107
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE D DELETE
NAME BARBAS, SCHERAZADE
STREET ADDRESS 717 S WILLOW AVENUE
CITY-ST-ZIP TAMPA FL 33606

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME T CARLEBARBOUR
3.3 STREET ADDRESS 1108 GULF BLVD #305
3.4 CITY-ST-ZIP INDIAN ROCKS BCH FL 33785-2728

4.1 TITLE Change Addition
4.2 NAME P WILLIAM J. SHANAHAN
4.3 STREET ADDRESS 1108 GULF BLVD #306
4.4 CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

5.1 TITLE Change Addition
5.2 NAME S
5.3 STREET ADDRESS 2916 W. HAWTHORNE RD
5.4 CITY-ST-ZIP TAMPA FL 33611

6.1 TITLE Change Addition
6.2 NAME D CAROL ANNE HAUSE
6.3 STREET ADDRESS 6220 E. Golfredsc Dr
6.4 CITY-ST-ZIP East Lansing MI 48823

14. I 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 the information on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Shanahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (1/198)

