

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07635

1. Entity Name

THE GABLES CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90003 020 ****61.25

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 33771-2459
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2862149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Sharon C. Stepp - President ☐ Change ☒ Addition
NAME
STREET ADDRESS 1108 Gulf Blvd. #205
CITY-ST-ZIP Indian Rocks Beach, FL 33785

TITLE VD ☐ Delete
NAME SHANAHAN, WILLIAM J
STREET ADDRESS 1108 GULF BLVD #306
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE William Shanahan - VP/TREAS ☒ Change ☐ Addition
NAME
STREET ADDRESS 1108 Gulf Blvd., #306
CITY-ST-ZIP Indian Rocks Beach, FL 33785

TITLE T ☐ Delete
NAME BARBOUR, CAROLE
STREET ADDRESS 1108 GULF BLVD #305
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

TITLE Bob Eddy - Secretary ☐ Change ☒ Addition
NAME
STREET ADDRESS 845 South Newport Avenue
CITY-ST-ZIP Tampa, FL 33606

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

TITLE Carole Barbour - Director ☒ Change ☐ Addition
NAME
STREET ADDRESS 1108 Gulf Blvd., #305
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HAUSE, CAROL A
STREET ADDRESS 6220 E GOLFRSIDE DR
CITY-ST-ZIP EAST LANSING MI 48823

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)