

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90347 030 \*\*\*\*61.25

**DOCUMENT # N07635**

1. Entity 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

#0020700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2862149**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  Delete  
 NAME **P**  
**STEPP, SHARON C**  
 STREET ADDRESS **1108 GULF BLVD #205**  
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE  Change  Addition  
 NAME Vice President  
 Duane Woerth  
 STREET ADDRESS 1108 Gulf Blvd. #207  
 CITY-ST-ZIP Indian Rocks Beach, FL 33785

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

TITLE  Change  Addition  
 NAME Director  
 Norman Holcombe  
 STREET ADDRESS 1108 Gulf Blvd. #301  
 CITY-ST-ZIP Indian Rocks Beach, FL 33785

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
**EDDY, BOB**  
 STREET ADDRESS **845 S. NEWPORT AVE**  
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**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

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)