

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90477 005 \*\*\*\*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

300 S. DUNCAN AVE.  
SUITE 220B  
CLEARWATER FL 33755  
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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME PANDOLFO, PETER  
STREET ADDRESS 1108 GULF BLVD #303  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE ☒ Change ☒ Addition  
NAME Duane Woerth  
STREET ADDRESS 1108 GULF BLVD., #207  
CITY-ST-ZIP Indian Rocks Beach, FL 33785

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

TITLE ☒ Change ☒ Addition  
NAME Alexa Parker  
STREET ADDRESS 1108 GULF BLVD., #206  
CITY-ST-ZIP Indian Rocks Beach, FL 33785

TITLE ☒ Delete  
NAME HOLCOMBE, LENOVE  
STREET ADDRESS 1108 GULF BLVD #301  
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 941-756 5511