


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90079 015 \*\*\*\*61.25

<b>DOCUMENT # N07635</b>					
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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDOLFO, PETER			NAME	
STREET ADDRESS	1108 GULF BLVD #303			STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANAHAN, WILLIAM J			NAME	
STREET ADDRESS	1108 GULF BLVD #306			STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOERTH, DUANE			NAME	
STREET ADDRESS	1108 GULF BLVD # 207			STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDDY, BOB			NAME	
STREET ADDRESS	845 S. NEWPORT AVE			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ALEXA			NAME	
STREET ADDRESS	1108 GULF BLVD # 206			STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: _____				Date: 3/9/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 724559744	