


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90033 011 ****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

90063030



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03272008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-2862149

Applied For
 Not Applicable

City & State

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. 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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees



10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME WOERTH, DUANE
 STREET ADDRESS 1108 GULF BLVD # 207
 CITY-ST-ZIP INDIAN ROCKS BCH, FL 33785

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S 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 V Delete
 NAME PARKER, ALEXA
 STREET ADDRESS 1108 GULF BLVD # 206
 CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33785

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T Delete
 NAME CUMMINS, MARTHA
 STREET ADDRESS 1108 GULF BLVD. #106
 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 exemptions contained in Chapter 119, 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: Martha Cummins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08 727-596-9417
Date Daytime Phone #