

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07635

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: THE GABLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1108 GULF BLVD.  
INDIAN ROCKS BCH, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 S. DUNCAN AVE.  
SUITE 220B  
CLEARWATER, FL 33755 US

**New Mailing Address:**

901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 US

FEI Number: 59-2862149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PANDOLFO, PETER  
Address: 1108 GULF BLVD #303  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: V ( ) Delete  
Name: WOERTH, DUANE  
Address: 1108 GULF BLVD # 207  
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: S ( ) Delete  
Name: EDDY, BOB  
Address: 845 S. NEWPORT AVE  
City-St-Zip: TAMPA, FL 33606

Title: V (X) Delete  
Name: PARKER, ALEXA  
Address: 1108 GULF BLVD # 206  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: T ( ) Delete  
Name: CUMMINS, MARTHA  
Address: 1108 GULF BLVD, #106  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: KRUEGER, ROBERT  
Address: 4213 SYLVAN RAMBLE STREET  
City-St-Zip: TAMPA, FL 33609

Title: P (X) Change ( ) Addition  
Name: WOERTH, DUANE  
Address: 1108 GULF BLVD # 207  
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD C. COMMONS

CPA

01/30/2009

Electronic Signature of Signing Officer or Director

Date