

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07635

**FILED**  
**Feb 22, 2010**  
**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:**

901 N HERCULES AVENUE  
SUITE A  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**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: VP  
Name: KRUEGER, ROBERT  
Address: 4213 SYLVAN RAMBLE STREET  
City-St-Zip: TAMPA, FL 33609

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DUANE WOERTH

P

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date