


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90165 028 \*\*\*\*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  
**% PAREKH, COMMONS & CO.  
2700 E BAY DR #107  
LARGO FL 33711  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**300 S. Duncan Ave  
Suite 220B**

City & State  
**Clearwater, FL**

Zip  
**33755**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF  
5999 CENTRAL AVE., SUITE 104  
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

4. FEI Number **59-2862149**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PANDOLFO, PETER 1108 GULF BLVD #303 INDIAN ROCKS BEACH FL 33785</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SHANAHAN, WILLIAM J 1108 GULF BLVD #306 INDIAN ROCKS BEACH FL 33785</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOLCOMBE, LENOVE 1108 GULF BLVD #301 INDIAN ROCKS BCH FL 33785</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S EDDY, BOB 845 S. NEWPORT AVE TAMPA FL 33606</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARBOUR, CAROLE 1108 GULF BLVD #305 INDIAN ROCKS BEACH FL 33785</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP/P Carole Barbour 1108 Gulf Blvd #305 Indian Rocks Beach, FL 33785</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (10/02)