

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078037

FILED  
Mar 24, 2012  
Secretary of State

Entity Name: SEVEN GABLES REALTY, INC.

**Current Principal Place of Business:**

4312 N. PARK  
TAMPA, FL 33624 US

**New Principal Place of Business:**

**Current Mailing Address:**

4312 N. PARK  
TAMPA, FL 33624 US

**New Mailing Address:**

FEI Number: 65-0533110      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANGELO, CHRISTOPHER  
4415 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33618 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: DC  
Name: ANGELO, CHRISTOPHER  
Address: 4415 CARROLLWOOD VILLAGE DR  
City-St-Zip: TAMPA, FL 33624

Title: P  
Name: ANGELO, NICKOLAS  
Address: 12504 NETTLE CREEK RD  
City-St-Zip: TAMPA, FL 33624

Title: VP  
Name: ANGELO, NICKOLAS J  
Address: 4312 NORTH PARK DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: T  
Name: ANGELO, MARIE MADELEIN  
Address: 4312 NORTH PARK DRIVE  
City-St-Zip: TAMPA, FL 33624

Title: S  
Name: ANGELO, CHRISTOPHER  
Address: 4415 CARROLLWOOD VILLAGE DR  
City-St-Zip: TAMPA, FL 33618

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHISTOPHER ANGELO

PRES

03/24/2012

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

\_\_\_\_\_ Date