

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722884

FILED
Mar 30, 2010
Secretary of State

Entity Name: GABLE ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O A&W PROPERTY MANAGEMENT INC.
9715 W. BROWARD BLVD, #235
FORT LAUDERDALE, FL 33324

New Principal Place of Business:

Current Mailing Address:

C/O A&W PROPERTY MANAGEMENT
PO BOX 15624
PLANTATION, FL 33318

New Mailing Address:

A&W PROPERTY MANAGEMENT
PO BOX 15624
PLANTATION, FL 33318

FEI Number: 59-1540447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, A
A &W PROPERTY MGMT
9715 W BROWARD BLVD. #235
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

WALKER, A
A &W PROPERTY MGMT
773 N W 100 TERRACE
PLANTATION, FL 33324 US

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:

03/30/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BLANGIARDO, JONATHAN
Address: 4143 NO. OCEAN BLVD #304
City-St-Zip: FT LAUDERDALE, FL 33308

Title: PD
Name: MCCARTHY, VICTORIA
Address: 4143 NO OCEAN BLVD #205
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: STD
Name: COSTANZO, KATHLEEN
Address: 4143 N. OCEAN BLVD #104
City-St-Zip: FORT LAUDERDALE, FL 33308

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: ARLINE WALKER

MGR

03/30/2010

Electronic Signature of Signing Officer or Director

Date