

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90082 003 \*\*\*\*61.25

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<b>DOCUMENT # 765357</b> 1. Entity Name <b>THE GABLES EAST OF BOCA BARWOOD CENTER, INC.</b>					
Principal Place of Business <b>C/O BENCHMARK PROPERTY MANAGEMENT INC.          7932 WILES ROAD          CORAL SPRINGS, FL 33067</b>			Mailing Address <b>C/O BENCHMARK PROPERTY MANAGEMENT INC.          7932 WILES ROAD          CORAL SPRINGS, FL 33067</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2254757</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERT KAVE &amp; ASSOCIATES, INC</b> <b>6261 NW 6 WAY SUITE 103</b> <b>FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHAUGNONESSY, ELIAZBETH</b>		NAME		
STREET ADDRESS	<b>23378 SW 57 AVE 306</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEADEGUS, ANDREA</b>		NAME		
STREET ADDRESS	<b>23398 SW 57 AVE 310</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MILLS, LARY</b>		NAME		
STREET ADDRESS	<b>23442 SW 57 AVE 409</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FENLON, KATHLEEN</b>		NAME		
STREET ADDRESS	<b>23490 LYONS RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BOCA RATON, FL 33428</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Elizabeth H. Shaugnessy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>April 11 '07</i> Daytime Phone # <i>561-487-7451</i>		