, 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #765428

1. Entity Name
THE GABLES EAST OF BOCA BARWOOD
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business %BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address %BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067

3. Mailing Address

City & State

Suite, Apt. #, etc.

	FIL	ED		
May	11, 20	005	8:00	am
Sec	retary	\mathbf{of}	State)
~ • • • •	J	U -	~ *****	

05-11-2005 90128 011 ****61.25

50051740 04152005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2254573 Applied For Not Applicable

Zip	Country	Zip	Cou	untry	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
ROBERT KAY & ASSOCIATES, INC. 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable)					
				City		F	Zip Code	
The above nam	ed entity submits this statemer	it for the purpose of changir	na its reaister	ed office or reaiste	red agent, or both, in the State of Flo	rida lar	n familiar with, and accept	

6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309			Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
	,		City			3:- C-d			
			City		FL	Zip Code	3		
	named entity submits this statement for the purpions of registered agent.	oose of changing its re	gistered office or rec	gistered agent, or both, in th	e State of Florida. I am fem	iliar with,	and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE									
Filing Fee Is \$61.25 Due by May 1, 2005		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		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	TORS IN	10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODARO, MICHAEL 23378 SW 57 AVE BOCA RATON, FL 33428	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAFFETTONE, MADELINE 23288 SW 57 AVE # 105 BOCA RATON, FL 33428	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZEPPONE, BARBARA 23398 SW 57 AVE #307 BOCA RATON, FL 33428	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME Street address City-St-Zip	DS SHAUGHBNESSY, ELIZABETH 23398 SW 57TH AVE # 306 BOCA RATON, FL 33428	☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, DANIEL 23378 SW 57 AVE BOCA RATON, FL 33428	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
12. Lhereby c	certify that the information supplied with this filing	does not qualify for the	e exemption stated	in Section 119.07(3)(i), Flori	da Statutes. I further certify	that the in	formation		

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 MITED NAME DE STORMS OFFICER OR DIRECTOR 4/15/05

954344 5353

Daytime Phone #