

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765428

FILED
Jan 19, 2009
Secretary of State

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

Current Principal Place of Business:

LT & L PROPERTY MGMT INC
#203
POMPANO BEACH, FL 33065

New Principal Place of Business:

J & L PROPERTY MGMT INC
10191 W SAMPLE RD #203
CORAL SPRINGS, FL 33065

Current Mailing Address:

10191 W SAMPLE RD
#203
POMPANO BEACH, FL 33065

New Mailing Address:

J & L PROPERTY MGMT INC
10191 W SAMPLE RD #203
CORAL SPRINGS, FL 33065

FEI Number: 59-2254573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALDERAZZO, JAMES
10191 W SAMPLE RD
STE 203
POMPANO BEACH, FL 33065 US

Name and Address of New Registered Agent:

CALDERAZZO, JAMES
10191 W SAMPLE RD
STE 203
CORAL SPRINGS, FL 33065 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: _____

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SHAUGHBNESSEY, ELIZABETH
Address: 23378 SW 57 AVE 206
City-St-Zip: BOCA RATON, FL 33428

Title: P () Delete
Name: HEDGEUS, ANDREA
Address: 23288 SW 57 AVE # 105
City-St-Zip: BOCA RATON, FL 33428

Title: S (X) Delete
Name: SHAUGHBNESSEY, MICHAEL
Address: 23378 SW 57 AVE #206
City-St-Zip: BOCA RATON, FL 33428

Title: V (X) Delete
Name: MILLS, LORY
Address: 23442 SW 57 AVE #409
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: SHAUGHNESSEY, MICHAEL
Address: 23378 SW 57 AVE 206
City-St-Zip: BOCA RATON, FL 33428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES CALDERAZZO

RA

01/19/2009

Electronic Signature of Signing Officer or Director

Date