

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001879

FILED
Apr 27, 2010
Secretary of State

Entity Name: GABLES RESIDENTIAL SERVICES, INC.

Current Principal Place of Business:

2859 PACES FERRY ROAD STE 1450
ATLANTA, GA 30339

New Principal Place of Business:

3399 PEACHTREE ROAD NE
SUITE 600
ATLANTA, GA 30326

Current Mailing Address:

2859 PACES FERRY ROAD STE 1450
ATLANTA, GA 30339

New Mailing Address:

3399 PEACHTREE ROAD NE
SUITE 600
ATLANTA, GA 30326

FEI Number: 75-2517913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: FITCH, DAVID D
Address: 3399 PEACHTREE ROAD NE, SUITE 600
City-St-Zip: ATLANTA, GA 30326

Title: EVPD
Name: SEVERT, DAWN H
Address: 3399 PEACHTREE ROAD NE, SUITE 600
City-St-Zip: ATLANTA, GA 30326

Title: SVPD
Name: ANSEL, SUSAN M
Address: 3399 PEACHTREE ROAD NE, SUITE 600
City-St-Zip: ATLANTA, GA 30326

Title: VP
Name: TEWELL, ASHLEY I
Address: 3399 PEACHTREE ROAD NE, SUITE 600
City-St-Zip: ATLANTA, GA 30326

Title: SVP
Name: SULLIVAN, CRISTINA F
Address: 225 N.E. MIZNER BLVD., SUITE 400
City-St-Zip: BOCA RATON, FL 33432

Title: RVP
Name: BEARDEN, MATTHEW C
Address: 225 N.E. MIZNER BLVD., SUITE 400
City-St-Zip: BOCA RATON, FL 33432

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: DEBRA O'SULLIVAN

RCVR

04/27/2010

Electronic Signature of Signing Officer or Director

Date