

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02779** (1)

1. Corporation Name

THE GABLES OF MELBOURNE, INC.



Principal Place of Business

**249 MAIN MALL
MELBOURNE FL 32902**

Mailing Address

**249 MAIN MALL
POUGHKEEPSIE NY 12601
US**

2. Principal Place of Business

2a. Mailing Address

21 **249 Main Mall**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 **Poughkeepsie, NY 12601**

28

24

Zip

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/18/1989

3a. Date of Last Report
11/16/1995

4. FEI Number
06-1316783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MOSLEY, CURTIS R.
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32902-8210**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature based on previous name of registered agent and the corporation

NOTE: Registered Agent Signature required when making change

(SEE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **TOCKARSHESKY, JOSEPH B**
CITY- ST- ZIP **249 MAIN MALL
POUGHKEEPSIE NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **COSTALDO, AGUSTUS J**
CITY- ST- ZIP **249 MAIN MALL
POUGHKEEPSIE NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **DVPT**
STREET ADDRESS **HUGHES, ROBERT J**
CITY- ST- ZIP **249 MAIN MALL
POUGHKEEPSIE NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **GILLESPIE, SUZANNE A**
CITY- ST- ZIP **249 MAIN MALL
POUGHKEEPSIE NY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Suzanne A. Gillespie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary May 28, 1996

914-431-6353

CR2E034 (12/95)