

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 06, 2009  
Secretary of State**

DOCUMENT# N03000001128

Entity Name: CONNERS GABLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13875 TANGERINE BLVD  
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

13875 TANGERINE BLVD  
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

FEI Number: 33-1106614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COMBS, LORI  
13875 TANGERINE BLVD  
WEST PALM BEACH, FL 33412 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

**OFFICERS AND DIRECTORS:**

Title: DP (X) Delete  
Name: CROWELL, RALPH  
Address: 844 SE 36TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: DV ( ) Delete  
Name: BOTTARI, CRISPIN  
Address: 1121 SE 39TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: DST ( ) Delete  
Name: COMBS, LORI  
Address: 13875 TANGERINE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33412 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DPST (X) Change ( ) Addition  
Name: COMBS, LORI  
Address: 13875 TANGERINE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33412 US

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: LORI COMBS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPST

01/06/2009

\_\_\_\_\_  
Date