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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06671 (4)

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



Principal Place of Business XXXXXX SPARKING 10558 SPICEWOOD TRAIL BOYNTON BEACH FL 33426 c/o Michael Ciavolino 23490 S.W. 57th Ave. #610; Boca Raton, FL 33428	Mailing Address Same as Below XXXXXX SPARKING 10558 SPICEWOOD TRAIL BOYNTON BEACH FL 33426
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2. Principal Place of Business 21 23490 SW 57th Street Ave. Suite, Apt. #, etc. 22 610 City & State 23 Boca Raton, Florida Zip 24 33428	2a. Mailing Address 26 23490 SW 57th Street Ave. Suite, Apt. #, etc. 27 610 City & State 28 Boca Raton, Florida Zip 29 33428	Country 25 USA 30 USA
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3. Date incorporated or Qualified 12/17/1984	3a. Date of Last Report 03/06/1996
4. FEI Number 59-2558720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MULLEN, JOSEPH P., ESQ. 2419 E COMMERCIAL BLVD #302 FT. LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPARKLING BARBARA MX 10558 SPICEWOOD TRAIL BOYNTON BEACH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President - Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Michael Ciavolino 23490 S. W. 57th Ave. #610 Boca Raton, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPARKLING GEORGE H. JR. 10558 SPICEWOOD TRAIL BOYNTON BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P.- Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Harry Chaffee 23490 S.W. 57th Ave. #609 Boca Raton, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPARKLING MICHAEL 23490 SW 57TH AVE #610 BOCA RATON FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Sec/Treasurer - Director <input type="checkbox"/> Change <input type="checkbox"/> Addition William Ciccone 23490 S.W. 57th Ave. #604 Boca Raton, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CICCONE, WILLIAM 23490 SW 57TH AVE #604 BOCA RATON FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition JOYCE CHAFFEE 23490 SW 57 AVE #609 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Ciavolino Michael Ciavolino 3/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042392

CR2E037 (9/96)