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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90201 010 \*\*\*\*61.25

0028656

DOCUMENT # N06671

1. Corporation Name

THE GABLES EAST OF BOCA BARWOOD VI CONDOMINIUM A  
SSOCIATION, INC.

Principal Place of Business

C/O BENCHMARK PROPERTY MANAGEMENT, INC.  
7932 WILES ROAD  
CORAL SPRINGS FL 33067  
US

Mailing Address

C/O BENCHMARK PROPERTY MANAGEMENT, INC.  
7932 WILES ROAD  
CORAL SPRINGS FL 33067  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/17/1984

4. FEI Number

59-2558720

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

9. Name and Address of Current Registered Agent

CIAVOLINO, MICHAEL  
23490 S.W. 57TH AVE., #610  
BOCA RATON FL 33428

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CIAVOLINO, MICHAEL  
STREET ADDRESS 23490 SW 57TH AVE #610  
CITY-ST-ZIP BOCA RATON FL

TITLE TD ☐ DELETE

NAME CHAFFEE, HARRY  
STREET ADDRESS 23490 SW 57TH AVE #609  
CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME CICCONE, WILLIAM  
STREET ADDRESS 23490 SW 57TH AVE #604  
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☐ DELETE

NAME WAMBACH, JOANNE M  
STREET ADDRESS 23490 LYONS RD, #608  
CITY-ST-ZIP BOCA RATON FL 34428

TITLE SD ☐ DELETE

NAME RUBIO, JEANNIE  
STREET ADDRESS 23490 LYONS RD, #603  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VP-Director  
3.3 STREET ADDRESS Ciccone, William  
3.4 CITY-ST-ZIP 23490 SW 57 Ave #604  
Boca Raton, FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME Director  
4.3 STREET ADDRESS Wambach, Joanne  
4.4 CITY-ST-ZIP 23490 Lyons Rd #608  
Boca Raton, FL 34428

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

MICHAEL CIAVOLINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99 (561) 883-6453

CR2E037 (1/198)