

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90027 008 ****61.25

60018619

DOCUMENT # N07635 1. Entity Name THE GABLES CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 1108 GULF BLVD. INDIAN ROCKS BCH, FL 33785 US			Mailing Address 300 S. DUNCAN AVE. SUITE 220B CLEARWATER, FL 33755 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF 5999 CENTRAL AVE., SUITE 104 ST. PETERSBURG, FL 33710				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PANDOLFO, PETER			NAME		
STREET ADDRESS	1108 GULF BLVD #303			STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHANAHAN, WILLIAM J			NAME		
STREET ADDRESS	1108 GULF BLVD #306			STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOERTH, DUANE			NAME		
STREET ADDRESS	1108 GULF BLVD # 207			STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785			CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDDY, BOB			NAME		
STREET ADDRESS	845 S. NEWPORT AVE			STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606			CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, ALEXA			NAME		
STREET ADDRESS	1108 GULF BLVD # 206			STREET ADDRESS		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date _____ Daytime Phone # _____		

941-756-5511
2/16/2006