

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90033 011 ****61.25

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**

40063030



03272008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2862149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
5999 CENTRAL AVE., SUITE 104
ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PANDOLFO, PETER**
STREET ADDRESS **1108 GULF BLVD #303**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **V** ☐ Delete
NAME **WOERTH, DUANE**
STREET ADDRESS **1108 GULF BLVD # 207**
CITY-ST-ZIP **INDIAN ROCKS BCH, FL 33785**

TITLE **S** ☐ Delete
NAME **EDDY, BOB**
STREET ADDRESS **845 S. NEWPORT AVE**
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **V** ☐ Delete
NAME **PARKER, ALEXA**
STREET ADDRESS **1108 GULF BLVD # 206**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **T** ☐ Delete
NAME **CUMMINS, MARTHA**
STREET ADDRESS **1108 GULF BLVD. #106**
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Martha Cummins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

Date

727-596-9417

Daytime Phone #