

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathisen
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15015** (3)
1. Corporation Name
THE GABLES OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**C/O VISTA PROPERTIES MGMT INC
100 VISTA ROYALE BLVD
VERO BCH. FL 32962
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **05/20/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2785314** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD.
VERO BEACH 32962**

10. Name and Address of New Registered Agent
81 Name **WILLIAM THOMAS CODY**
82 Street Address (P.O. Box Number is Not Acceptable) **2700 Ocean Drive #303**
83
84 City **Vero Beach, FL** 85 Zip Code: **32963**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **William Thomas Cody - Secretary 4/18/95**

12. OFFICERS AND DIRECTORS
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
15 TITLE Change Addition
16 NAME
17 STREET ADDRESS
18 CITY, ST, ZIP
19 TITLE Change Addition
20 NAME
21 STREET ADDRESS
22 CITY, ST, ZIP
23 TITLE Change Addition
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP
27 TITLE Change Addition
28 NAME
29 STREET ADDRESS
30 CITY, ST, ZIP

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
15 TITLE Change Addition
16 NAME **VP MIMI FITZHARRIS**
17 STREET ADDRESS **correct spelling**
18 CITY, ST, ZIP
19 TITLE Change Addition
20 NAME **Cody, William Thomas**
21 STREET ADDRESS
22 CITY, ST, ZIP
23 TITLE Change Addition
24 NAME **Casazza, Andy**
25 STREET ADDRESS
26 CITY, ST, ZIP
27 TITLE Change Addition
28 NAME **Caulfield, Robert**
29 STREET ADDRESS
30 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **L.S. Lee N. Shaw, President 4/18/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEE N. SHAW