

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **05/20/1986** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2785314** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CODY, WILLIAM T  
2700 OCEAN DRIVE  
VERO BEACH 32963**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **4/20/96**

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, LEE N.	1.2 NAME	
STREET ADDRESS	2700 OCEAN DR. #505	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZHARRIS, MIMI	2.2 NAME	Millie LaCanfora
STREET ADDRESS	2700 OCEAN DR. #205	2.3 STREET ADDRESS	2700 Ocean Drive #309
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO Beach, FL 32963
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODY, WILLIAM T	3.2 NAME	William T. Cody
STREET ADDRESS	2700 OCEAN DR. #303	3.3 STREET ADDRESS	2700 Ocean Drive #303
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	VERO Beach, Florida 32963
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAZZAM ANDY	4.2 NAME	Andy Casazza
STREET ADDRESS	2700 OCEAN DR. # 101	4.3 STREET ADDRESS	2700 Ocean Drive #101
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO Beach, Florida 32963
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAULFIELD, ROBERT	5.2 NAME	
STREET ADDRESS	2700 OCEAN DR. #502	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/19/96**

CR2E037 (12/95)