


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15015 (3)**

1. Corporation Name  
**THE GABLES OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O VISTA PROPERTIES MGMT INC 100 VISTA ROYALE BLVD VERO BCH. FL 32962 US</b>	Mailing Address <b>C/O VISTA PROPERTIES MGT 100 VISTA ROYALE BLVD. VERO BEACH FL 32962-3732 US</b>
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3. Date Incorporated or Qualified <b>05/20/1986</b>	3a. Date of Last Report <b>04/29/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2785314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Shaw, Lee**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2700 Ocean Dr #505**  
83 **Vero Beach, FL 32963**  
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 *Lee N Shaw* DATE **4/10/97**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SHAW, LEE N.</b> <b>2700 OCEAN DR. #505</b> <b>VERO BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLIE LACANFORA</b> <b>2700 OCEAN DR. 309</b> <b>VERO BCH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CODY, WILLIAM T</b> <b>2700 OCEAN DR. #303</b> <b>VERO BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CASAZZAM ANDY</b> <b>2700 OCEAN DR. # 101</b> <b>VERO BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>CAULFIELD, ROBERT</b> <b>2700 OCEAN DR. #502</b> <b>VERO BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>Browne, Thomas</b> <b>2700 Ocean Dr #407</b> <b>Vero Beach, FL 32963</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>SD</b> <b>LaCanfora, Milley</b> <b>2700 Ocean Dr #309</b> <b>Vero Beach, FL 32963</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>VP/D</b> <b>Casazza, Andy</b> <b>2700 Ocean Dr #101</b> <b>Vero Beach, FL 32963</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Andy Casazza* DATE: **4/10/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020727

CR2E037 (9/96)