

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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          US</b>
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3. Date Incorporated or Qualified  
**05/20/1986**

4. FEI Number  
**59-2785314**

Applied For	Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SHAW, LEE  
 2700 OCEAN DR.  
 #505  
 VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAW, LEE N.	
STREET ADDRESS	2700 OCEAN DR. #505	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LACANFORA, MILLEY	
STREET ADDRESS	2700 OCEAN DR. 309	
CITY - ST - ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWNE, THOMAS	
STREET ADDRESS	2700 OCEAN DR., #407	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CASAZZAM ANDY	
STREET ADDRESS	2700 OCEAN DR. # 101	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CAULFIELD, ROBERT	
STREET ADDRESS	2700 OCEAN DR. #502	
CITY - ST - ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shaw, Lee	
1.3 STREET ADDRESS	2700 Ocean Dr. #505	
1.4 CITY - ST - ZIP	VERO BEACH, FL, 32963	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Caulfield, Robert	
5.3 STREET ADDRESS	2700 Ocean Dr. #502	
5.4 CITY - ST - ZIP	VERO BEACH, FL. 32963	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lee N. Shaw* Treasurer Date: *4/10/98*

CR2E037 (10/97)