

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90128 022 \*\*\*\*61.25

**DOCUMENT # N15015**

1. Entity Name

**THE GABLES OF VERO BEACH CONDOMINIUM ASSOCIATION**

Principal Place of Business

Mailing Address

C/O VISTA PROPERTIES MGMT INC  
 100 VISTA ROYALE BLVD  
 VERO BCH. FL 32962  
 US

C/O VISTA PROPERTIES MGT  
 100 VISTA ROYALE BLVD.  
 VERO BEACH FL 32962-3750  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2785314**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, LEE  
 2700 OCEAN DR.  
 #505  
 VERO BEACH FL 32963

Name  
**Wilson Breiel**

Street Address (P.O. Box Number is Not Acceptable)  
**2700 Ocean Drive/#501**

City  
**Vero Beach, FL**

**FL**

**32963**

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.

SIGNATURE

*Wilson Breiel*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4/3/00*  
 DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SHAW, LEE	
STREET ADDRESS	2700 OCEAN DR. #505	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LACANFORA, MILLEY	
STREET ADDRESS	2700 OCEAN DR. 309	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWNE, THOMAS	
STREET ADDRESS	2700 OCEAN DR., #407	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CASAZZAM ANDY	
STREET ADDRESS	2700 OCEAN DR. # 101	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CAULFIELD, ROBERT	
STREET ADDRESS	2700 OCEAN DR. #502	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Arno	
STREET ADDRESS	2700 Ocean Drive/#109	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Carella	
STREET ADDRESS	2700 Ocean Drive/401	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson Breiel	
STREET ADDRESS	2700 Ocean Drive/#501	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Shore	
STREET ADDRESS	2700 Ocean Drive/#102	
CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/99)

12. 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 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:

*Wilson Breiel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/3/00*  
 Date

Daytime Phone #