

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90602 001 ****61.25

0070713

DOCUMENT # N15015
 1. Entity Name
THE GABLES OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O VISTA PROPERTIES MGMT INC 100 VISTA ROYALE BLVD VERO BCH. FL 32962 US	Mailing Address C/O VISTA PROPERTIES MGT 100 VISTA ROYALE BLVD. VERO BEACH FL 32962 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2785314	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BREIEL, WILSON
2700 OCEAN DRIVE #501
VERO BEACH FL 32963

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARNO, ROBERT	
STREET ADDRESS	2700 OCEAN DRIVE #109	
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	VP	<input checked="" type="checkbox"/> Delete
NAME	CARELLA, STEPHEN	
STREET ADDRESS	2700 OCEAN DRIVE 401	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREIEL, WILSON	
STREET ADDRESS	2700 OCEAN DRIVE #501	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHORE, STEVEN	
STREET ADDRESS	2700 OCEAN DRIVE #102	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Askin	
STREET ADDRESS	2700 Ocean Drive #200	
CITY-ST-ZIP	Vero Beach FL 32962	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E037 (9/01)