


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90721 027 \*\*\*\*61.25

<b>DOCUMENT # N15015</b>					
<b>1. Entity Name</b> THE GABLES OF VERO BEACH CONDOMINIUM ASSOCIATION, INC.					
<b>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>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2785314	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BREIEL, WILSON 2700 OCEAN DRIVE #501 VERO BEACH, FL 32963			Name Street Address (P.O.: Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASKIN, PETER		NAME	ANDREW CASAZZA	
STREET ADDRESS	2700 OCEAN DRIVE #200		STREET ADDRESS	2700 OCEAN DR. #101	
CITY-ST-ZIP	VERO BEACH, FL 32962		CITY-ST-ZIP	VERO BEACH FL 32962	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACANFORA, MILLEY		NAME		
STREET ADDRESS	2700 OCEAN DR. 309		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARELLA, STEPHEN		NAME		
STREET ADDRESS	2700 OCEAN DRIVE 401		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREIEL, WILSON		NAME		
STREET ADDRESS	2700 OCEAN DRIVE #501		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUILLA, LOUIS		NAME	Louis Aquila	
STREET ADDRESS	2700 OCEAN DRIVE #307		STREET ADDRESS	2700 OCEAN DR. # 307	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Louis Aquila</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>March 5, 2004</i> Daytime Phone #		