


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-10-2005 90155 032 ****61.25

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**

66009972



2. Principal Place of Business **PROPERTY**
C/O SCHLITT MANAGEMENT
 Suite, Apt. #, etc.
3240 CARDINAL DR.

3. Mailing Address **PROPERTY**
C/O SCHLITT MANAGEMENT
 Suite, Apt. #, etc.
3240 CARDINAL DR.

01192005 Chg-NP CR2E037 (10/03)

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip
32963

Country
USA

Zip
32963

Country
US

4. FEI Number
59-2785314

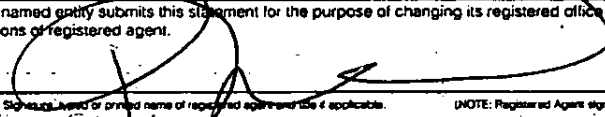
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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
SCHLITT PROPERTY MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable)
3240 CARDINAL DRIVE
 City
VERO BEACH FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

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

Filing Fee is **\$61.25**
 Due by **May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to
Florida Department of State

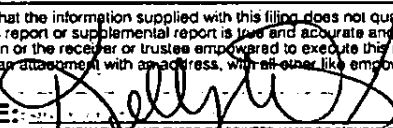
10. OFFICERS AND DIRECTORS

TITLE	VPB	<input type="checkbox"/> Delete
NAME	ASKIN, PETER	
STREET ADDRESS	2700 OCEAN DRIVE #200	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LACANFORA, MILLEY	
STREET ADDRESS	2700 OCEAN DR. 309	
CITY-ST-ZIP	VERO BCH, FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREIEL, WILSON	
STREET ADDRESS	2700 OCEAN DRIVE #501	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AQUILLA, LOUIS	
STREET ADDRESS	2700 OCEAN DRIVE #307	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASAZZA, ANDREW	
STREET ADDRESS	2700 OCEAN DR., #101	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATT JONES	
STREET ADDRESS	2700 OCEAN DR.	405 AC
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL KEYES	
STREET ADDRESS	2700 OCEAN DR.	500 AF
CITY-ST-ZIP	VERO BEACH, FL 32963	
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)(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  DATE **772-388-6352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR