


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90007 025 ****61.25

DOCUMENT # N15015

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



Principal Place of Business Mailing Address
C/O SCHLITT PROPERTY MNGT **C/O SCHLITT PROPERTY MNGT**
3240 CARDINAL DR **3240 CARDINAL DR**
VERO BEACH, FL 32963 US **VERO BEACH, FL 32963 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40025702



02162007 Chg-NP CR2E037 (12/06)

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
SCHLITT PROPERTY MGT
3240 CARDINAL DR
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2007

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

T NAME STREET ADDRESS CITY-ST-ZIP	JONES, MATT 2700 OCEAN DR VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete
S NAME STREET ADDRESS CITY-ST-ZIP	FAY, TRICIA 2700 OCEAN DR #304 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
P NAME STREET ADDRESS CITY-ST-ZIP	KEYER, BILL 2700 OCEAN DR #500 VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete
D NAME STREET ADDRESS CITY-ST-ZIP	CASAZZA, ANDREW 2700 OCEAN DR., #101 VERO BEACH, FL 32962	<input type="checkbox"/> Delete
VP NAME STREET ADDRESS CITY-ST-ZIP	FRIEDRICH, PETER 2700 OCEAN DR #202 VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

VP NAME STREET ADDRESS CITY-ST-ZIP	AQUILA, LOUIS 2700 OCEAN DR. #108 VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	BREIEL, WILSON 2700 OCEAN DR. #501A VERO BEACH, FL 32963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/20/07 772-492-4117
 Date Daytime Phone #