

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15015

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4007 N. HIGHWAY A1A  
FORT PIERCE, FL 34949 US

**New Principal Place of Business:**

**Current Mailing Address:**

4007 N. HIGHWAY A1A  
FORT PIERCE, FL 34949 US

**New Mailing Address:**

**FEI Number:** 59-2785314      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHLITT PROPERTY MANAGEMENT  
4007 N. HIGHWAY A1A  
FORT PIERCE, FL 34949 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AQUILA, LOUIS  
Address: 4007 NHWY A1A  
City-St-Zip: FT PIERCE, FL 34949

Title: T  
Name: THOMPSON, FLORA  
Address: 4007 N HWY A1A  
City-St-Zip: FT PIERCE, FL 34949

Title: S  
Name: SHAW, LEE  
Address: 4007 N HWY A1A  
City-St-Zip: FT PIERCE, FL 34949

Title: D  
Name: BELLAMY, ROGER  
Address: 4007 N HWY A1A  
City-St-Zip: FT PIERCE, FL 34949

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS A AQUILA

PRES

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date