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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049586 (7)

1. Corporation Name
GABLES PROPERTY MANAGEMENT, INC.



Principal Place of Business
1290 WESTON ROAD
SUITE 300
FT LAUDERDALE FL 33326

Mailing Address
1290 WESTON ROAD
SUITE 300
FT LAUDERDALE FL 33326-1909

3. Date Incorporated or Qualified 06/26/1995	3a. Date of Last Report 10/24/1996
4. FEI Number 65-0605833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1625 North Commerce Pkwy Suite, Apt. #, etc. 22 Suite 305 City & State 23 Weston, Florida Zip 24 33326	2a. Mailing Address 26 1625 North Commerce Pkwy Suite, Apt. #, etc. 27 Suite 305 City & State 28 Weston, Florida Zip 29 33326	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

O'DONNELL, LINDA J
1290 WESTON ROAD
SUITE 300
WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name Linda J. O'Donnell
82 Street Address (P.O. Box Number is Not Acceptable) 1625 North Commerce Parkway, Suite 305
83
84 City Weston
85 Zip Code FL 33326

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Linda J. O'Donnell* LINDA J. O'DONNELL 2/2/97
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DONNELL, LINDA J 1290 WESTON ROAD SUITE 300 WESTON FL 33326	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWMAN, DAVE 1290 WESTON ROAD SUITE 300 WESTON FL 33326	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Treasurer Linda J. O'Donnell 1625 North Commerce Parkway, Suite 305 Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP David L. Bowman 1625 North Commerce Parkway, Suite 305 Weston, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP/Secretary Carmen delValle 1625 North Commerce Parkway, Suite 305 Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda J. O'Donnell, Pres* LINDA JO'DONNELL, Pres 2/2/97 (854)349-8772

CR2E034 (9/96)