FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE:

May 15, 2002 8:00 am P95000049586 DOCUMENT # 1. Entity Name 05-15-2002 90099 038 ***150.00 GABLES PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 3300 CORPORATE AVENUE 3300 CORPORATE AVENUE SUITE 110 SUITE 110 WESTON FL 33331 WESTON FL 33331 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0605833 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'DONNELL, LINDA J Street Address (P.O. Box Number is Not Acceptable) 3300 CORPORATE AVENUE SUITE 110 WESTON FL 33331 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PTDS** CR2E034 (9/01) ☐ Delete TITLE Change | ☐ Addition O'DONNELL, LINDA J NAME NAME 3300 CORPORATE AVENUE #110 STREET ADDRESS STREET ADDRESS WESTON FL 33331 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE VICE President ☐ Change NAME NAME Savie Laurel STREET ADDRESS 3300 CORPORATE AUG MILO STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Delete TITLE ☐ Change Addition TREASURER NAME Componente ANE #110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33331 ☐ Delete TITLE Vice Profid Change Addition NAME NAME GREWE Phreick STREET ADDRESS 3300 Corporers AND HILD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 33331 TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if