

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90049 010 \*\*\*150.00

**DOCUMENT # P95000049586**

1. Entity Name  
GABLES PROPERTY MANAGEMENT, INC.



Principal Place of Business  
3300 CORPORATE AVENUE  
SUITE 110  
WESTON, FL 33331 US

Mailing Address  
3300 CORPORATE AVENUE  
SUITE 110  
WESTON, FL 33331 US



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0605833

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

O'DONNELL, LINDA J  
3300 CORPORATE AVENUE  
SUITE 110  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTDS
NAME	O'DONNELL, LINDA J
STREET ADDRESS	3300 CORPORATE AVENUE #110
CITY-ST-ZIP	WESTON, FL 33331
TITLE	V
NAME	LAUREL, SALLIE
STREET ADDRESS	3300 CORPORATE AVENUE #110
CITY-ST-ZIP	WESTON, FL 33331
TITLE	T
NAME	STRATTON, EMILY
STREET ADDRESS	3300 CORPORATE AVENUE #110
CITY-ST-ZIP	WESTON, FL 33331
TITLE	V
NAME	GRIEVE, PATRICK
STREET ADDRESS	3300 CORPORATE AVENUE #110
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Linda J. O'Donnell*

2/5/04 954-349-8777