

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000078037

**Entity Name:** SEVEN GABLES REALTY, INC.

**Current Principal Place of Business:**

4312 N. PARK  
TAMPA, FL 33624

**FILED**  
**Mar 22, 2015**  
**Secretary of State**  
**CC1345600128**

**Current Mailing Address:**

4312 N. PARK  
TAMPA, FL 33624 US

**FEI Number: 65-0533110**

**Certificate of Status Desired: No**

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

ANGELO, CHRISTOPHER  
4415 CARROLLWOOD VILLAGE DR  
TAMPA, FL 33618 US

*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

**Officer/Director Detail :**

Title DC  
Name ANGELO, CHRISTOPHER  
Address 4415 CARROLLWOOD VILLAGE DR  
City-State-Zip: TAMPA FL 33624

Title P  
Name ANGELO, CHRISTOPHER  
Address 4415 CARROLLWOOD VILLAGE DR  
City-State-Zip: TAMPA FL 33618

Title VP  
Name ANGELO, NICKOLAS J  
Address 4312 NORTHPARK DRIVE  
City-State-Zip: TAMPA FL 33624

Title T  
Name ANGELO, MARIE MADELEIN  
Address 4312 NORTHPARK DRIVE  
City-State-Zip: TAMPA FL 33624

Title S  
Name ANGELO, CHRISTOPHER  
Address 4415 CARROLLWOOD VILLAGE DR  
City-State-Zip: TAMPA FL 33618

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHRISTOPHER ANGELO**

**CPA**

**03/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date