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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 720529 (7)

1. Corporation Name

GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6901 EDGEWATER DRIVE
CORAL GABLES FL 33133

6901 EDGEWATER DRIVE
CORAL GABLES FL 33133-7044
US



3. Date Incorporated or Qualified
03/17/1971

3a. Date of Last Report
06/20/1996

2. Principal Place of Business

2a. Mailing Address

21 6901 E. EDGEWATER DR.

26 6901 E. EDGEWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CONDO. MAIL BOX

27 CONDO. MAIL BOX

City & State

City & State

23 CORAL GABLES, FL.

28 CORAL GABLES, FL

Zip

Country

Zip

Country

24 33133

25 U.S.A.

29 33133

30 U.S.A.

4. FEI Number
59-1991021

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CACICED, RAMON R JR
275 FONTAINEBLEAU BLVD
SUITE 105-250
MIAMI FL 33172 33126
6505 BLUE LAGOON DR.

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME NORMA WALCOTT
STREET ADDRESS 6901 EDGEWATER DR.
CITY - ST - ZIP CORAL GABLES, FL 00000

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D DELETE
NAME GREENE, STANLEY
STREET ADDRESS 6901 EDGEWATER DR
CITY - ST - ZIP CORAL GABLES, FL 00000

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DVP DELETE
NAME CRISPIN, KAREN
STREET ADDRESS 6901 EDGEWATER DR
CITY - ST - ZIP CORAL GABLES, FL 00000

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DP DELETE
NAME HARRISON, REGINA
STREET ADDRESS 6901 EDGEWATER DR
CITY - ST - ZIP CORAL GABLES, FL 00000

4.1 TITLE Change Addition
4.2 NAME DP
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE SD DELETE
NAME ISTEEL, KENNETH
STREET ADDRESS 6901 EDGEWATER DR
CITY - ST - ZIP CORAL GABLES, FL 00000

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DT DELETE
NAME MASON, NICK
STREET ADDRESS 6901 EDGEWATER DR
CITY - ST - ZIP CORAL GABLES, FL 00000

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026735

CR2E037 (9/96)