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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US

3. Date Incorporated or Qualified
03/17/1971

4. FEI Number 59-1991021 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CACICED, RAMON R JR
6505 BLUE LAGOON DR
SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name KENNETH ISTEEL
82 Street Address (P.O. Box Number is Not Acceptable) 6901 E. EDGEWATER DR.
83 APT. 323
84 City CORAL GABLES FL 85 Zip Code 33133

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 *Kenneth Steel* DATE 1/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA WALCOTT	1.2 NAME	MARY HEILIG-COLE
STREET ADDRESS	6901 EDGEWATER DR.	1.3 STREET ADDRESS	6901 E. EDGEWATER DR.
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33133
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	MICHAEL CURRAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENE, STANLEY	2.2 NAME	6901 E. EDGEWATER DR
STREET ADDRESS	6901 EDGEWATER DR	2.3 STREET ADDRESS	CORAL GABLES, FL. 33133
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	2.4 CITY-ST-ZIP	
TITLE	DR VICE PRESIDENT <input type="checkbox"/> DELETE	3.1 TITLE	DPRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, REGINA	3.2 NAME	JAY KATZ
STREET ADDRESS	6901 EDGEWATER DR	3.3 STREET ADDRESS	6901 E. EDGEWATER DR.
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33133
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISTEL, KENNETH	4.2 NAME	
STREET ADDRESS	6901 EDGEWATER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, NICK	5.2 NAME	
STREET ADDRESS	6901 EDGEWATER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY HEILIG-COLE	6.2 NAME	
STREET ADDRESS	6901 EDGEWATER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL.	6.4 CITY-ST-ZIP	

14. 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 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: *Mary Heilig-Cole* DATE 1/20/98 305-667-8188

CR2E037 (1097)