

DOCUMENT # 720529

1. Entity Name

GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATIO

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90152 041 ****61.25

Principal Place of Business

Mailing Address

6901 E EDGEWATER DR
CONDO MAIL BOX
CORAL GABLES FL 33133
US

6901 E EDGEWATER DR
CONDO MAIL BOX
CORAL GABLES FL 33133-7044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1991021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISTEL, KENNETH
6901 E EDGEWATER DR
APT. 323
CORAL GABLES FL 33133

Name

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

City

FL

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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

Not Applicable

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME REYNOLDS, HELEN
STREET ADDRESS 6901 E. EDGEWATER DR
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE DP
NAME HEILIG, MARY
STREET ADDRESS 6901 E. EDGEWATER DR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE DT
NAME GONZALEZ, JOSE A
STREET ADDRESS 6901 E. EDGEWATER DR
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE D
NAME GRAENE, STAN
STREET ADDRESS 6901 E. EDGEWATER DR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE DVP
NAME HARRISON, REGINA
STREET ADDRESS 6901 EDGEWATER DR
CITY-ST-ZIP CORAL GABLES, FL 00000 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME ISTEL, KENNETH
STREET ADDRESS 6901 EDGEWATER DR
CITY-ST-ZIP CORAL GABLES, FL 00000 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CURRAN, MICHAEL
STREET ADDRESS 6901 E EDGEWATER DR
CITY-ST-ZIP CORAL GABLES, FL 00000 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME GRAENE, STAN
STREET ADDRESS 6901 E. EDGEWATER DR.
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

JOSSE A. GONZALEZ

Date

Daytime Phone #

3/24/00

(305) 265-1771

CR2E037 (9/99)