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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 730290

1. Corporation Name  
THE CORAL GABLES TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
66 VALENCIA AVE  
CORAL GABLES FL 33134  
US

Mailing Address  
201 SEVILA AVE. SUITE 301  
CORAL GABLES FL 33134

*Handwritten initials*



1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/26/1974	59-1688130	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DUANY, ENID 66 VALENCIA AVE CORAL GABLES FL 33134	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 817.0502 and 817.1504, 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 817.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	S CABEZAS, ALBA <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. STREET ADDRESS	201 SEVILA AVE STE 301	1.2 NAME	Enrique del Riego
3. CITY-STATE-ZIP	CORAL GABLES FL 33134	1.3 STREET ADDRESS	66 Valencia Ave Apto PH-2
4. NAME	P DUANY, ENID <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	Coral Gables Fla. 33134.-
5. STREET ADDRESS	66 VALENCIA AVE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-STATE-ZIP	CORAL GABLES FL 33134	2.2 NAME	
7. NAME	D CARVAJAL, LEONARD <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. STREET ADDRESS	66 VALENCIA AVE	2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP	CORAL GABLES FL 33134	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	D BRANDON, DAVID <input checked="" type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS	66 VALENCIA AVE	3.3 STREET ADDRESS	
12. CITY-STATE-ZIP	CORAL GABLES FL 33134	3.4 CITY-STATE-ZIP	
13. NAME	D BEREK, MARIA <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	66 VALENCIA AVE	4.2 NAME	
15. CITY-STATE-ZIP	CORAL GABLES FL 33134	4.3 STREET ADDRESS	
16. NAME	VP PAGES, MARIO A <input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
17. STREET ADDRESS	201 SEVILA AVE STE. 301	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP	CORAL GABLES FL 33134	5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQU MARIO A. PAGES 1-6-99. 305 4438665  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. Date Date Time Price

CR02037 (11/98)