2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 730290

Jun 06, 2005
Secretary of State

Entity Name: THE CORAL GABLES TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

66 VALENCIA AVE

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

201 SEVILA AVE, SUITE 301 66 VALENCIA AVE

CORAL GABLES, FL 33134 602 CORAL GABLES, FL 33134

FEI Number: 59-1688130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

PAGES, MARIO A. STEISELBOIN, ALAIN 66 VALENCIA AVE 66 VALENCIA AVE

CORAL GABLES, FL 33134 US 602 CORAL GABLES, FL 33134 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: ALAIN STEISELBOIN 06/06/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change() Addition

Name: CARVAJAL, LEONARD Name: PALACIOS, ELSA
Address: 66 VALENCIA AVE.
City-St-Zip: CORAL GABLES, FL 33134
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete Title: D (X) Change () Addition

Name:STAMATES, JOHANNAName:REGA, SANTIAGOAddress:66 VALENCIA AVE.Address:66 VALENCIA AVE.City-St-Zip:CORAL GABLES, FL 33134City-St-Zip:CORAL GABLES, FL 33134

Title: D () Delete Title: () Change () Addition

 Name:
 STEISELBOIN, ALAIN
 Name:

 Address:
 66 VALENCIA AVE
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN STEISELBOIN D 06/06/2005

FILED