## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#730290** 

FILED Apr 27, 2009 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:

66 VALENCIA AVE

CORAL GABLES, FL 33134 US

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

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

REGA, SANTIAGO M.A.HUEY, P.A.

66 VALENCIA AVE 201 SEVILLA AVENUE 803 302

CORAL GABLES, FL 33134 US 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: SANTIAGO REGA 04/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:D() DeleteTitle:PRES(X) Change () AdditionName:COBIELLA, LORENZOName:VITAL HERNE, GILIANEAddress:66 VALENCIA AVE.Address:66 VALENCIA AVE. APT 401City-St-Zip:CORAL GABLES, FL 33134City-St-Zip:CORAL GABLES, FL 33134 US

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

Name: REGA, SANTIAGO Name: PAGES, ROBERTO

Address: 66 VALENCIA AVE. Address: 201 SEVILLA AVE SUITE 301
City-St-Zip: CORAL GABLES, FL 33134
City-St-Zip: CORAL GABLES, FL 33134 US

Title: SECT () Change (X) Addition

 Name:
 Name:
 REGA, SANTIAGO

 Address:
 Address:
 66 VALENCIA AVE APT 202

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SANTIAGO REGA SECT 04/27/2009