

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749088 (1)

1. Corporation Name

GABLES WATERWAY TOWERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

90 EDGEWATER DRIVE
CORAL GABLES FL 33133-6942

90 EDGEWATER DRIVE
CORAL GABLES FL 33133-6942

3. Date Incorporated or Qualified
09/25/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN DIBELER
90 EDGEWATER DR
CORAL GABLES FL 33133

81 Name

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

83

800001781948
-04/16/96--01044--019

84 City

*****\$1.25**

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LINDSAY, WILLIAM	
STREET ADDRESS	90 EAGLE WATER DR #819	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	VISCARA, SALVADOR	
STREET ADDRESS	90 EDGEWATER DR. #414	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPOLOW, LEO	
STREET ADDRESS	90 EDGE WATER DR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, MAGGIE	
STREET ADDRESS	90 EDGEWATER DR #321	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	STEIN, BERNARD	
STREET ADDRESS	90 EDGEWATER DR #1316	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	DIBLER, JOHN	
STREET ADDRESS	90 EDGEWATER DR #721	
CITY-ST-ZIP	CORAL GABLES FL	

1.1 TITLE	AARON GLASSER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	90 Edgewater Drive PH-26	
1.3 STREET ADDRESS	Coral Gables, Fl. 33133	
1.4 CITY-ST-ZIP		Director
2.1 TITLE	PHIL RAIFAIZEN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	90 Edgewater Drive #1014	
2.3 STREET ADDRESS	Coral Gables, Fl. 33133	
2.4 CITY-ST-ZIP		Treasurer
3.1 TITLE	LEO KOPOLOW	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	90 Edgewater Drive #1024	
3.3 STREET ADDRESS	Coral Gables, Fl. 33133	
3.4 CITY-ST-ZIP		Secretary
4.1 TITLE	LESLIE LUNDSTROM	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	90 Edgewater Drive #304	
4.3 STREET ADDRESS	Coral Gables, Fl. 33133	
4.4 CITY-ST-ZIP		Vice-Presid.
5.1 TITLE	BERNARD STEIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	90 Edgewater Drive PH-16	
5.3 STREET ADDRESS	Coral Gables, Fl. 33133	
5.4 CITY-ST-ZIP		Vice-Presid.
6.1 TITLE	JOHN DIBELER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	90 Edgewater Drive #721	
6.3 STREET ADDRESS	Coral Gables, Fl. 33133	
6.4 CITY-ST-ZIP		President

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John B. Dibler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96
Date

246
Daytime Phone #

CR2E037 (12/95)