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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 749088

1. Corporation Name

GABLES WATERWAY TOWERS ASSOCIATION, INC.

Principal Place of Business

90 EDGEWATER DRIVE
 CORAL GABLES FL 33133-6942

Mailing Address

90 EDGEWATER DRIVE
 CORAL GABLES FL 33133-6942



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2015509	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF
 5201 BLUE LAGOON DRIVE STE 100
 MIAMI FL 33126

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASSER, AARON	1.2 NAME	Charles F. Collard
STREET ADDRESS	90 EDGEWATER DR. PH-26	1.3 STREET ADDRESS	90 Edgewater Dr. #924
CITY-ST-ZIP	CORAL GABLES FL 33133	1.4 CITY-ST-ZIP	Coral Gables, Fl. 33133
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACABS, RICHARD	2.2 NAME	Leo Kopolow
STREET ADDRESS	90 EDGEWATER DRIVE	2.3 STREET ADDRESS	90 Edgewater Dr. #1024
CITY-ST-ZIP	CORAL GABLES FL 33133-6942	2.4 CITY-ST-ZIP	Coral Gables, Fl. 33133
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDSTROM, LESLIE	3.2 NAME	
STREET ADDRESS	90 EDGEWATER DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133-6942	3.4 CITY-ST-ZIP	
TITLE	Secretary <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPOLOW, LEO	4.2 NAME	
STREET ADDRESS	90 EDGE WATER DR. #1024	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, BERNARD	5.2 NAME	
STREET ADDRESS	90 EDGEWATER DR PH-16	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBLER, JOHN	6.2 NAME	
STREET ADDRESS	90 EDGEWATER DR #721	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33133	6.4 CITY-ST-ZIP	

14. 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 617, 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: **AARON GLASSER, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1 Daytime Phone #

CR2E037 (11/98)

[Handwritten Signature] 3/29/99 305 9773 / 165 9773