

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90052 032 ****61.25

DOCUMENT # 749088

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2015509

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

RECEIVED
JAN 24 2000

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GLASSER, AARON	
STREET ADDRESS	90 EDGEWATER DR. PH-26	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACABS, RICHARD	
STREET ADDRESS	90 EDGEWATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133-6942	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDSTROM, LESLIE	
STREET ADDRESS	90 EDGEWATER DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33133-6942	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLARD, CHARLES F	
STREET ADDRESS	90 EDGEWATER DR. #924	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	STEIN, BERNARD	
STREET ADDRESS	90 EDGEWATER DR PH-16	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIBLER, JOHN	
STREET ADDRESS	90 EDGEWATER DR #721	
CITY-ST-ZIP	CORAL GABLES FL 33133	

TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	LED KOPOLOW		
STREET ADDRESS	90 EDGEWATER DR. 1024		
CITY-ST-ZIP	CORAL GABLES, FL. 33133		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all the authority empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000 306 65 7791
 Date Daytime Phone #