2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770558

FILED Mar 24, 2006 Secretary of State

Entity Name: FUTURA GABLES CONDOMINIUM ASSOCIATION, INC.

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

7040 SW 24TH ST MIAMI, FL

Current Mailing Address: New Mailing Address:

7154-B SW 47TH ST MIAMI, FL 33155

FEI Number: 65-0202208 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:

CADICORP MANAGEMENT GROUP 7154-B SW 47TH STREET MIAMI, FL 33155 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: STD (X) Change () Addition

 Name:
 OSVALDO, ABREUT
 Name:
 OSVALDO, ABREUT

 Address:
 7040 SW 24TH ST
 Address:
 7040 SW 24TH ST

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

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

 Name:
 YNGUANZO, JOSE
 Name:

 Address:
 7040 SW 24TH ST
 Address:

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:

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

 Name:
 SANCHEZ, EDGAR
 Name:
 DURAN, PEDRO

 Address:
 7040 SW 24TH ST #505
 Address:
 7040 SW 24TH ST

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

 $\label{eq:title:Title:Title:Title:Title:Title:Title:() Change () Addition} \end{minipage}$

 Name:
 MOREJON, BEATRIZ
 Name:

 Address:
 7040 SW 24TH ST
 Address:

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:

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

 Name:
 VALEJO, RAUL
 Name:
 RAFAEL, VASQUEZ

 Address:
 7040 SW 24TH ST #305
 Address:
 7040 SW 24TH ST

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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: RAFAEL VASQUEZ PD 03/24/2006