FILED
Aug 18, 2003 8:00 am
Secretary of State
08-18-2003 90162 007 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770558

1. Entity Name
FUTURA GABLES CONDOMINIUM ASSOCIATION, INC.

90150843

Principal Place of Business	Mailing Address
7040 SW 24TH ST MIAMI, FL	7154-B SW 47TH ST MIAMI, FL 33155

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number **65-0202208** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CADICORP MANAGEMENT GROUP 7154-B SW 47TH STREET MIAMI, FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) SAME City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW. FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VELIS, JOSEFA M 7040 SW 24TH ST #208 MIAMI, FL	☐ Delete	D VELIS, JOSEFA M 7040 SW 24 ST # 208	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COMPAGNIONI, ERIC 7040 SW 24TH ST MIAMI, FL	☐ Delete	P/D COMPAGNIONI, ERIC, MD 7040 SW 24 ST # 506	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VASQUEZ, RAFAEL 7040 SW 24TH ST #311 MIAMI, FL	☒ Delete	T/D EDGAR SANCHEZ 7040 SW 24 ST # 505	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	S/D PEDRO DURAN 7040 SW 24 ST # 402	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D RAUL VALLEJO 7040 SW 24 ST # 305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 other like empowered.

SIGNATURE: _____ 07-27-2003 305-668-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #