

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 # **N23577** (2)

1. Corporation Name

THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
STE 218
CORAL GABLES FL 33134
US

P O BOX 430611
MIAMI FL 33243-0611
US

3. Date Incorporated or Qualified
11/20/1987

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

4. FEI Number
65-0031457

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASO CALOS R
299 ALHAMBRA CIRCLE #218
CORAL GABLES FL 33134

81 Name

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

83

84 City

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

Edna Schleich

4/28/96

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** DELETE
NAME **KEISER, GLADYS**
STREET ADDRESS **301 NW 84 CT #10**
CITY-ST-ZIP **MIAMI FL**

11 TITLE **PRESIDENT** Change Addition
12 NAME **GONCEPCION LABRON DE GUEVARA**
13 STREET ADDRESS **8530 N.W. 3 LANE #5**
14 CITY-ST-ZIP **MIAMI, FLA.**

TITLE **TS** DELETE
NAME **CHANG, TANIA**
STREET ADDRESS **350 NW 84 CT. #5**
CITY-ST-ZIP **MIAMI FL**

21 TITLE **D** Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **S** DELETE
NAME **SCHLEIGH, EDNA**
STREET ADDRESS **8515 N.W. 3 LANE #L**
CITY-ST-ZIP **MIAMI FL**

31 TITLE **T** Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** DELETE
NAME **FERNANDEZ, ISABEL**
STREET ADDRESS **301 N 84 CT #9**
CITY-ST-ZIP **MIAMI FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP **400001888214**

TITLE **D** DELETE
NAME **FRESNEDO, MANUEL**
STREET ADDRESS **301 NW 84 COURT #7**
CITY-ST-ZIP **MIAMI FL**

51 TITLE **-07/09/96--01125--015** Change Addition
52 NAME *****61.25**
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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(5)(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:

Edna Schleich

4-28-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)