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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23577** (2)
1. Corporation Name
THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 299 ALHAMBRA CIRCLE STE 210 CORAL GABLES FL 33134 US	Mailing Address P O BOX 430811 MIAMI FL 33243-0811 US
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3. Date Incorporated or Qualified 11/20/1987	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business 400 S.W. 107TH AVE Suite, Apt. #, etc. #312 City & State MIAMI, FL	2a. Mailing Address Suite, Apt. #, etc. City & State MIAMI, FL
24. Zip 33174	25. Country DADE

4. FEI Number 65-0031457	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CASO CALOS R
~~299 ALHAMBRA CIRCLE #210~~ 1300 CORAL WAY, #301
~~CORAL GABLES FL 33134~~ MIAMI, FL 33145

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DE GUEVARA, CONCEPCION L 8530 NW 3 LN #5 MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	D CHANG, TANIA 350 NW 84 CT. #5 MIAMI FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS	T SCHLEIGH, EDNA 8515 N.W. 3 LANE #L MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

P/D FERNANDEZ, ISABEL 8510 N.W. 3RD LN #1 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S/D BLANCO, MANUEL 8510 NW 3RD LANE MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 on an attachment with an address.

SIGNATURE: *Edna Schleich* - EDNA SCHLEIGH - TREASURER 2/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033958

CR2E037 (9/96)