


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N3577**
1. Corporation Name
THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
400 SW 107th Ave # 312 Miami, FL. 33174 US

Mailing Address
~~P.O. BOX 430811 Miami, FL. 33243-0811 US~~
NO LONGER

3. Date Incorporated or Qualified
11/20/87

4. FEI Number
65-0031457

Applied For
 Not Applicable

21. Principal Place of Business
21

2a. Mailing Address
26 P.O. BOX 960656

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

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. City & State

28. City & State
Miami, FL.

7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Zip Country

25. Country

29. **33296-0656**

30. **Miami Dade**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CASO CARLOS R. 1300 CORAL WAY, # 301 MIAMI, FL. 33145

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, ISABEL	1.2 NAME	
STREET ADDRESS	8510 NW 3rd LN #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33126	1.4 CITY-ST-ZIP	
TITLE	S/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, MANUEL	2.2 NAME	
STREET ADDRESS	8510 NW 3rd LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33126	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEIGH, EDNA	3.2 NAME	
STREET ADDRESS	8515 NW 3 LANE # L	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33126	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROUCCO, DANIA
STREET ADDRESS		4.3 STREET ADDRESS	365 NW 84 CT. # 35
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL. 33126
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	scln
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200002518172
STREET ADDRESS		6.3 STREET ADDRESS	-05/11/98--01025--016
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

14. 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 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: *[Signature]* **4/24/98** **(305) 471-8929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)