FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

FILED
May 07 1998 8:00am
Secretary of State

Principal Plac	og / : dusiness 107th Ave	Mailing Address			
# 312	TOYAL HVB	P.O. BOX 430814 Miami - Fl . 383	M3_ N 211	3. Date Incorporated or Qualified	
	FL. 33174		0 E ??~	3. Date Incorporated or Qualified 11/20/87	
is	121 002/4	No U	NgER	4. FEI Number Applied For	
				65-0031457 Not Applicable	
h	Place of Business	2a. Mailing Address 26. P.O. BOX 9606	15G	5. Certificate of Status Desired S8.75 Additional	
21 Suite, Apt	# atc	26 P.U. BUX 9605 Suite, Apt #, etc.		Fee Required 6. Election Campaign Financing \$5.00 May Be	
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
City & Sta	te	City & State		7. Is this nonprofit corporation a homeowners association?	
23		28 Miami, FL.		Yes No	
Zip	Country	7/2/0 200000 00EC	Country	8. This corporation owes or has paid the current year Intangible	
24	25]29 33296-0656	30 Milami Dade	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Current	падівівна мдені	81 Nam		
CASO CA					
	RAL WAY, # 301		82 Stree	et Address (P.O. Box Number is Not Acceptable)	
MITAMI,	FL. 33145		63		
			<u>-</u> -		
			B4 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					
agent. La	registered agent, or boin, in the State of am f a miliar with, and accept the obligat	ir Florida: Such change was a ions of, Section 617.050 <mark>3, F</mark> lo	orida Statutes.	prporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE					
12,	Signature: typed or printed name of registeric agent OFFICERS AND		E Registered Agent signatu	Peregance when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	DELETE	1.1 TITLE	Change Addition	
NAME	FERNANDEZ, ISABEL		1.2 NAME		
STREET ADDRESS	8510 NW 3rd LN #1		1.3 STREET ADDRESS		
CITY-ST-ZIP	MTAMT, FL. 33126		1.4 CITY - \$T - ZIP		
TITLE	S/D *	■ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	BLANCO, MANUEL		2.2 NAME		
STREET ADDRESS	8510 NW 3rd LN		2.3 STREET ADDRESS	6	
CITY - ST - ZIP	MTAMT, FL. 33126	Dr. Fre	2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3 1 TITLE	T/D Addition	
NAME PTOTET ADDRESS	SCHLETCH, EDNA		3.2 NAME		
STREET ADDRESS	8515 NW 3 LANE #L		3 3 STREET ADDRESS		
CITY-ST-ZIP	MEAMI, FL, 33126	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	S/D Change X Addition	
NAME		had Dilling	4. 2 NAME	PROUCO, DANIA	
STREET ADDRESS			4.3 STREET ADDRESS	365 NW 84 CT. #35	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		☐ DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	JUSIA	
CITY-\$T-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE	Change Addition	
NAME			6.2 NAME	200002518172° -05/11/9801025016	
STREET ADDRESS			6.3 STREET ADDRESS	+**F1_25	
0171 07 70			I	- 1 本本本的 1、どう	

14. I hereby certify that the information supplied with this filling 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 17 if changed, or on an officer or director of the corporation of the receiver of the corporation of the corporation of the receiver of the recei