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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

NONPROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # N23577  
1. Corporation Name  
THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 400 SW 107th Ave # 312 Miami, FL. 33174  
Mailing Address: P.O. BOX 430811 Miami, FL. 33243-0811 US

3. Date Incorporated or Qualified: 11/20/87  
4. FEI Number: 65-0031457 Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
22 City & State: 23 Miami, FL.  
24 Country: 25  
2a. Mailing Address: 26 P.O. BOX 960656  
27 Suite, Apt. #, etc.  
28 City & State: 28 Miami, FL.  
29 Country: 29  
30 Zip: 30 33296-0656 Miami, Dade

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D	NAME: FERNANDEZ, ISABEL	TITLE: P/D	NAME: ELSA ROJAS
STREET ADDRESS: 8510 NW 3rd LN #1	CITY-ST-ZIP: MIAMI, FL 33126	STREET ADDRESS: 8530 NW 3 LANE #1	CITY-ST-ZIP: MIAMI, FL 33126
TITLE: S/D	NAME: BLANCO, MANUEL	TITLE: T/D	NAME: RAMOS, JOSE LUIS
STREET ADDRESS: 8510 NW 3rd LN	CITY-ST-ZIP: MIAMI, FL 33126	STREET ADDRESS: 8550 NW 3 LANE #303	CITY-ST-ZIP: MIAMI, FL 33126
TITLE: T	NAME: SCHLEIGH, EDNA	TITLE: S/D	NAME: ZAMBRANA, JUAN CARLOS
STREET ADDRESS: 8515 NW 3 LANE # L	CITY-ST-ZIP: MIAMI, FL 33126	STREET ADDRESS: 325 NW 84 CT #4	CITY-ST-ZIP: MIAMI, FL 33126
TITLE: S/D	NAME: ROJAS, DANIA	TITLE: S/D	NAME: ELSA R. ROJAS
STREET ADDRESS: 365 NW 84 CT. #5	CITY-ST-ZIP: MIAMI, FL 33126	STREET ADDRESS: 10/21/98	CITY-ST-ZIP: 266-1980
TITLE: T	NAME: [Signature]	TITLE: T/D	NAME: JOSE L. RAMOS
STREET ADDRESS: [Signature]	CITY-ST-ZIP: [Signature]	STREET ADDRESS: 10/21/98	CITY-ST-ZIP: 269-9068

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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 contained 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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COPY TO 11007