

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90044 028 \*\*\*\*61.25

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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N23577**

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

|  |  |
|--|--|
| Principal Place of Business<br>400 SW 107 AVE<br>312<br>MIAMI FL 33174<br>US | Mailing Address<br>P O BOX 960656<br>MIAMI FL 33296-0656<br>US |
|--|--|



|  |   |  |                                    |  |
|--|---|--|------------------------------------|--|
| 2. Principal Place of Business<br><b>21</b> 300 Aragon Avenue<br>Suite, Apt. #, etc.<br><b>22</b> Suite 205<br>City & State<br><b>23</b> Coral Gables, FL<br>Zip Country<br><b>24</b> 33134 <b>25</b> US | 2a. Mailing Address<br><b>26</b> 300 Aragon Avenue<br>Suite, Apt. #, etc.<br><b>27</b> Suite 205<br>City & State<br><b>28</b> Coral Gables, FL<br>Zip Country<br><b>29</b> 33134 <b>30</b> US | 3. Date Incorporated or Qualified<br><b>11/20/1987</b>   | 4. FEI Number<br><b>65-0031457</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                    |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>CASO, CARLOS R</b><br><b>1300 CORAL WAY</b><br><b>#301</b><br><b>MIAMI FL 33145</b> | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> 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 reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME                       | ROJAS, ELSA                        | 1.2 NAME  |  |
| STREET ADDRESS             | 8530 NW 3 LANE #1                  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME                       | RAMOS, JOSE L                      | 2.2 NAME  |  |
| STREET ADDRESS             | 8550 NW 3 LANE #303                | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                     | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME                       | ZAMBRANA, JUAN C                   | 3.2 NAME  |  |
| STREET ADDRESS             | 325 NW 84 CT #4                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | MIAMI FL 33126                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | Vice President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  | TERRY VICHOT #10   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    | 8530 N.W. 3 LANE   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       | MIAMI, FL. 33126   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | Vice-Treasurer & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  | ROBERT BONILLA   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    | 301 NW 84 CT. #7   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       | MIAMI, FL. 33126   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| NAME                       |                                    | 6.2 NAME  |  |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |  |

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, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED** 3/27/99 305-441-0904  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)