


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N23577			
1. Entity Name THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 300 ARAGON AVENUE STE 210 CORAL GABLES FL 33134 US		Mailing Address 300 ARAGON AVENUE STE 210 CORAL GABLES FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0031457	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANCHEZ, JUAN A 10691 N KENDALL DR STE 310 MIAMI FL 33176		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ROJAS, ELSA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8530 NW 3 LANE #1	NAME	UN0000238715
CITY- ST- ZIP	MIAMI FL 33126	STREET ADDRESS	02/22/05-80012-009 61.25
CITY- ST- ZIP	MIAMI FL 33126	CITY- ST- ZIP	
TITLE	T AMARO, JOSEFINA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	350 NW 84TH CT.	NAME	
CITY- ST- ZIP	MIAMI FL 33126	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33126	CITY- ST- ZIP	
TITLE	D HERRERA, SONIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8515 NW 3RD LANE #8	NAME	
CITY- ST- ZIP	MIAMI FL 33126	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33126	CITY- ST- ZIP	
TITLE	S SANCHEZ, RENE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	325 NW 84TH CT. #10	NAME	
CITY- ST- ZIP	MIAMI FL 33126	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33126	CITY- ST- ZIP	
TITLE	VP FISCHMAN, EFRAIN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8515 NW 3RD LANE #10	NAME	
CITY- ST- ZIP	MIAMI FL 33126	STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33126	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edna P. Rojas - PRESIDENT 1/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #