
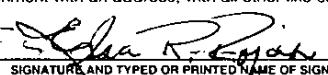


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90047 013 \*\*\*\*61.25

<b>DOCUMENT # N23577</b> 1. Entity Name <b>THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 ARAGON AVENUE STE 210 CORAL GABLES, FL 33134 US</b>			Mailing Address <b>300 ARAGON AVENUE STE 210 CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number <b>65-0031457</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SANCHEZ, JUAN A 10691 N KENDALL DR STE 310 MIAMI, FL 33176</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROJAS, ELSA</b>		NAME		
STREET ADDRESS	<b>8530 NW 3 LANE #1</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>AMARO, JOSEFINA</b>		NAME		
STREET ADDRESS	<b>350 NW 84TH CT.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HERRERA, SONIA</b>		NAME	<b>PEDRO MATA</b>	
STREET ADDRESS	<b>8515 NW 3RD LANE #8</b>		STREET ADDRESS	<b>350 NW 84 CT #7</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SANCHEZ, RENE</b>		NAME	<b>DAISY ALBORNAZ</b>	
STREET ADDRESS	<b>325 NW 84TH CT. #10</b>		STREET ADDRESS	<b>365 NW 84 CT. #11</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		CITY-ST-ZIP	<b>MIAMI, FL 33126</b>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FISCHMAN, EFRAIN</b>		NAME		
STREET ADDRESS	<b>8515 NW 3RD LANE #10</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>		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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			<b>2/02/06</b> <b>305-266-1980</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		