

N23577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

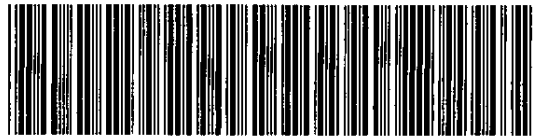
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/04/10--01032--027 **35.00

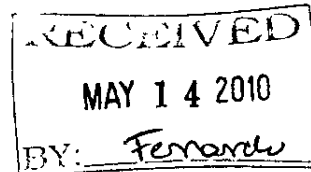
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 24 PM 2:36

RA/RO/chg
@ 5/34/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2010



THE GABLES II TOWNHOMES CONCOMINIUM
300 ARAGON AVE
SUITE 210
CORAL GABLES, FL 33134

SUBJECT: THE GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION,
INC.
Ref. Number: N23577

We have received your document for THE GABLES II TOWNHOMES
CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 810A00011442

RECEIVED
MAY 14 2010 8:00 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Gables II Townhomes Condominium Association, Inc.
- 2. The principal office address: 300 ARAGON AVE., Suite 210 CORAL GABLES FL 33134
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/20/1987 Document number: N23577

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ALBERT E. ACUNA, ESQ.
9755 S.W. 40 TERRACE
MIAMI FL 33165

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 TALLAHASSEE, FLORIDA
 10 MAY 24 PM 2:36

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JUAN A. SANCHEZ, ESQ.
10251 SW 72 ST., #106
P.O. Box NOT acceptable
MIAMI, FLORIDA 33173

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carmela Weiss _____ *Amabel Gonzalez, Pres.* _____
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

_____ 4/26/2010
Signature of Registered Agent Date

If signing on behalf of an entity: _____
JUAN A. SANCHEZ
Typed or Printed Name

*** FILING FEE: \$35.00 ***