

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90077 043 \*\*\*\*61.25

**DOCUMENT # N98000000037**

1. Entity Name  
**GABRIELLA CONDOMINIUM NORTH ASSOCIATION, INC.**



40046858



Principal Place of Business  
1301 NW 89 CT.  
STE. 203  
MIAMI, FL 33172 US

Mailing Address  
P.O. BOX 526342  
MIAMI, FL 33172 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 526342*  
Suite, Apt. #, etc.

02152006 Chg-NP CR2E037 (11/05)

City & State  
*MIAMI, FL*

4. FEI Number  
65-0898760  
Applied For  
Not Applicable

Zip  
Country  
*33152*  
*U.S.*

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
GREMAF, REYES  
18390 NW 75 PATH  
HIALEAH, FL 33015

7. Name and Address of New Registered Agent  
Name *Lucy Torres*  
Street Address (P.O. Box Number is Not Acceptable)  
*1301 NW 89 CT. SUITE 203*  
City *MIAMI* FL Zip Code *33172*

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

Filing Fee is \$61.25 Due by May 1, 2006  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>P.D. TORRES, LUCY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, GREMAF		NAME	<i>1301 N.W. 89 CT SUITE 203</i>	
STREET ADDRESS	1301 NW 89 CT SUITE 203		STREET ADDRESS	<i>MIAMI, FL. 33172</i>	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRES, LUCY		NAME		
STREET ADDRESS	1301 NW 89 CT SUITE 203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARGUELLES, MARIA		NAME		
STREET ADDRESS	1301 NW 89 CT SUITE 203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33172		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		
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		
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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/01/06*

Date

Daytime Phone #