FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736355 (9)

1. Corporation Name
GABLES WAY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
650 CORAL WAY CORAL GABLES FL 33116-6014	650 CORAL WAY CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: 07/12/1976
3a. Date of Last Report: 07/05/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1699421 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BURBAGE, JEAN
650 CORAL WAY
STE 204
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: GABLES WAY CONDOMINIUM
82 Street Address (P.O. Box Number is Not Acceptable): C/O YOYA LAND CORPORATION (JOSE A. ORTEGA, AGENT)
83 704 SW 17TH AVENUE, SUITE 1
84 City: MIAMI FL 85 Zip Code: 33135

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: Jose A Ortega PROPERTY MANAGER C.P.M C.A.M 3/15/96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURBAGE, JEAN 650 CORAL WAY STE 204 CORAL GABLES, FL 00000	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT BOOTH, JEANNE 650 CORAL WAY #406 CORAL GABLES, FLORIDA 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BOOTH, JEANNE 650 CORAL WAY #406 CORAL GABLES FL 33134	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT ROBERTSON, KURTIS 650 CORAL WAY #103 CORAL GABLES, FLORIDA 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KAISER, MARGUERITE 650 CORAL WAY #307 CORAL GABLES FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY WEINER, ROBERT 650 CORAL WAY #403 CORAL GABLES, FLORIDA 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOURDES, ALVAREZ 650 CORAL WAY #504 CORAL GABLES FL 33134	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TREASURER ALVAREZ, LOURDES 650 CORAL WAY #504 CORAL GABLES, FLORIDA 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM BECKWITH, GENE 650 CORAL WAY #104 CORAL GABLES, FL 00000	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	BOARD MEMBER ROYCE, AGNES 650 CORAL WAY #503 CORAL GABLES, FLORIDA 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joanne M Booth 3-19-96 4479964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #