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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33116-6014650 CORAL WAY
CORAL GABLES FL 33134-7548
US3. Date Incorporated or Qualified
07/12/19763a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-1699421Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORTEGA, JOSE A
C/O YOYA LAND CORPORATION
704 SW 17TH AVENUE, SUITE 1
MIAMI FL 33135

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☒ DELETE
NAME ROBERTSON, KURTIS
STREET ADDRESS 650 CORAL WAY STE 204
CITY-ST-ZIP CORAL GABLES FL 331341.1 TITLE VP - D ☐ Change ☒ Addition
1.2 NAME VILLAMIL, ALBERTO
1.3 STREET ADDRESS 650 Coral Way, Ste 304
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134TITLE P ☐ DELETE
NAME BOOTH, JEANNE
STREET ADDRESS 650 CORAL WAY #406
CITY-ST-ZIP CORAL GABLES FL 331342.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE S ☒ DELETE
NAME WEINER, ROBERT
STREET ADDRESS 650 CORAL WAY #307
CITY-ST-ZIP CORAL GABLES FL 331343.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME BRUCE, CYNTHIA
3.3 STREET ADDRESS 650 Coral Way, #203
3.4 CITY-ST-ZIP CORAL GABLES, FL 33134TITLE T ☐ DELETE
NAME LOURDES, ALVAREZ
STREET ADDRESS 650 CORAL WAY #504
CITY-ST-ZIP CORAL GABLES FL 331344.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE BM ☐ DELETE
NAME ROYCE, AGNES
STREET ADDRESS 650 CORAL WAY #104
CITY-ST-ZIP CORAL GABLES FL 331345.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 27, 1997 305-643-2700

Date

Daytime Phone # 0027112

CR2E037 (9/96)