


FILE NOW: FILING FEE IS \$61.25

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Jan 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730290** (4)

1. Corporation Name

THE CORAL GABLES TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

66 VALENCIA AVE
CORAL GABLES FL 33134
US

201 SEVILA AVE. SUITE 301
CORAL GABLES FL 33134



3. Date Incorporated or Qualified

07/26/1974

4. FEI Number

59-1688130

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVAJAL, LEONARDO
66 VALENCIA AVE.
CORAL GABLES FL 33134

81 Name

Enid Duany

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

66 Valencia Avenue

83

Coral Gables, Fl. 33134

84 City

Coral Gables

FL

85 Zip Code

33134

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

Enid Duany

Signature of registered agent or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ESCOBAR, MARDELAINE	
STREET ADDRESS	66 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHASAPLADAKI, DIMITRI	
STREET ADDRESS	66 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEL RIEGO, ENRIQUE	
STREET ADDRESS	66 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	XIRAU, JOSE GUSTAVO	
STREET ADDRESS	66 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alba Cabezas	
1.3 STREET ADDRESS	201 Sevilla Ave Ste.301	
1.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	

2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Enid Duany	
2.3 STREET ADDRESS	66 Valencia Ave.	
2.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Leonardo Carvajal	
3.3 STREET ADDRESS	66 Valencia Avenue	
3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Brandon	
4.3 STREET ADDRESS	66 Valencia Ave.	
4.4 CITY-ST-ZIP	Coral Gables, Fl.33134	

5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Maria Berek	
5.3 STREET ADDRESS	66 Valencia Avenue	
5.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	

6.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mario A- Pages	
6.3 STREET ADDRESS	201 Sevilla Ave Ste.301	
6.4 CITY-ST-ZIP	Coral Gables, Fl. 33134	

14. I 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:

MARIO A. PAGES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0027195

CR2E037 (10/97)