

FILE NOW: FILING FEE IS \$61.25

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May 08 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 # **N95000003894 (1)**

1. Corporation Name

GABLES PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 431 CORAL WAY CORAL GABLES FL 33134	Mailing Address 2875 NW 77TH AVE MIAMI FL 33122 US
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2. Principal Place of Business 21	2a. Mailing Address 26 455 CORAL WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CORAL GABLES, FL
Zip 24	Country 29 33134 30 USA

3. Date Incorporated or Qualified 08/14/1995	
4. FEI Number 65-0668327	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GARCIA, FIRPO 2875 NW 77TH AVE MIAMI FL 33122	
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10. Name and Address of New Registered Agent	
81 Name ROBERT HUDSON	82 Street Address (P.O. Box Number Is Not Acceptable) 455 CORAL WAY
83	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 ROBERT HUDSON - PRESIDENT/DIRECTOR DATE 4/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GARCIA, FIRPO 2875 NW 77TH AVE MIAMI FL 33122 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SANCHEZ, RAMON 9361 SW 103RD STREET MIAMI FL 33176 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MENENDEZ, FRANK 2875 NW 77TH AVE MIAMI FL 33122 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RUIZ, LOURDES 2875 NW 77TH AVE MIAMI FL 33122 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP ROBERT HUDSON 455 CORAL WAY CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DS BEATRICE VELLA 454 CORAL WAY CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DT PAUL ROGER 439 CORAL WAY CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBERT HUDSON DATE 4/27/98 (505) 539-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)