


FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720529					
1. Corporation Name GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.					
Principal Place of Business 6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US			Mailing Address 6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1971	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1991021	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ISTEL, KENNETH 6901 E EDGEWATER DR APT. 323 CORAL GABLES FL 33133				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DIR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEILIG, MARY			1.2 NAME	HELEN REYNOLDS		
STREET ADDRESS	6901 E EDGEWATER DR			1.3 STREET ADDRESS	6901 E. EDGEWATER DR.		
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33133		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	DIR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GREENE, STANLEY			2.2 NAME	TREASURER		
STREET ADDRESS	6901 EDGEWATER DR			2.3 STREET ADDRESS	JOSSE A. GONZALEZ		
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133			2.4 CITY-ST-ZIP	6901 E. EDGEWATER DR.		
TITLE	DVP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, REGINA			3.2 NAME			
STREET ADDRESS	6901 EDGEWATER DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISTEL, KENNETH			4.2 NAME			
STREET ADDRESS	6901 EDGEWATER DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURRAN, MICHAEL			5.2 NAME			
STREET ADDRESS	6901 E EDGEWATER DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133			5.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATZ, JAY			6.2 NAME			
STREET ADDRESS	6901 E EDGEWATER DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33133			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:

JOSSE A. GONZALEZ 1/5/99 (305) 265-1771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)