FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

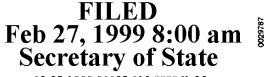


FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 720529



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

Corporation				
GABLES N, INC	S HARBOUR CONDOMINIUN	A APARTMENTS ASSOC	IATIO	
Principal Place of Business Mailing		Mailing Address		
6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US		6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US		
Principal Place of Business 2a. Mailing Address			Date Incorporated or Qualifed	
21		26		03/17/1971
Suite, Apt. #, etc. Sulte,		Suite, Apt. #, etc.	متسلمه ر ما	-4. FEI Number Applied For
27				59-1991021 Not Applicable
City & State City & 28		City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required
Zip	Country 25	Zip 3	Country 30	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	9. Name and Address of Curren			10. Name and Address of New Registered Agent
		<u> </u>	81 Name	
ICTEL KE	ENNETH ·		82 Street	Address (P.O. Box Number is Not Acceptable)
•	ISTEL, KENNETH			Address (F.O. Box Mannock to Not Moodplable)
6901 E EDGEWATER DR			83	
APT. 323 CORAL GABLES FL 33133			84 City	85 Zip Code
			1 1	FL 1
office or agent. I a	am familiar with, and accept the obliga	ations of, Section 617.0505, Florid	ua statutes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age		Registered Agent signature n	equired when reinstating) ATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	1.1 TITLE	LISTEN RENNOLDS Change Addition
TITLE	DP MARY	- Detere	1.2 NAME	HELEN REYNOLDS Change Addition
NAME	HEILIG- GIESE , MARY 6901 E EDGEWATER DR		1.3 STREET ADDRESS	6901 6.12002011
STREET ADDRESS	CORAL GABLES, FL 00000 33	122		COPPAL GARRES, FL. 33133
CITY-ST-ZIP	D	DELETE	2.1 TITLE DIR	TTZ F GSUM & K. Change Addition
NAME	GREENE, STANLEY	_	2.2 NAME	A / A - D A / K
STREET ADDRESS			2.3 STREET ADDRESS	690 E. RAGENTINE VI
CITY-ST-ZIP	CORAL GABLES, FL 00000 33	133	2.4 CITY-ST-ZIP	CURAL GABLES, FL 33133
TITLE	DVP	☐ DELETE	3.1 TITLE	Change Addition
NAME	HARRISON, REGINA		3.2 NAME	•
STREET ADDRESS	1		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	Change Addition
NAME	ISTEL, KENNETH		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33	133	4.4 CITY-ST-ZIP	MOL T 4 July 2-
TITLE	D	☐ DELETE	5.1 TITLE	Change Addition
NAME	CURRAN, MICHAEL		5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	_
CITY-ST-ZIP	CORAL GABLES, FL 00000 33	133 ▼DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE	DT NATZ IAV	Preceie	6.2 NAME	
NAME	TWALL ISV		O.E. IN STILL	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 6901 E EDGEWATER DR