


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90258 036 ****61.25

DOCUMENT # 720529 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1991021	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARY, HEILIG 6901 E EDGEWATER DR APT. 312 CORAL GABLES, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SANCHEZ, JUAN	NAME	ISTEL, A. KENNETH		
STREET ADDRESS	6901 EDGEWATER DR.	STREET ADDRESS	6901 E. EDGEWATER DR. #325		
CITY-ST-ZIP	CORAL GABLES, FL 33133	CITY-ST-ZIP	CORAL GABLES, FL 33133		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARRISON, REGINA	NAME	NASAW, NICHOLAS		
STREET ADDRESS	6901 EDGEWATER DR	STREET ADDRESS	6901 E. EDGEWATER DR. # 313		
CITY-ST-ZIP	CORAL GABLES, FL 00000, 33133	CITY-ST-ZIP	CORAL GABLES, FL 33133		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CURRAN, MICHAEL	NAME			
STREET ADDRESS	6901 E EDGEWATER DR	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 00000, 33133	CITY-ST-ZIP			
TITLE	OP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEILIG, MARY	NAME			
STREET ADDRESS	6901 EDGEWATER DR	STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES, FL 33133	CITY-ST-ZIP			
TITLE	DS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRAZIER, LINDA	NAME			
STREET ADDRESS	6901 EDGEWATER DRIVE #323	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Mary A. Heilig</i> MARY A. HEILIG		4/21/05		305-665-2653	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	