

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N28693	
1. Entity Name GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 5750 TURIN STREET CORAL GABLES, FL 33146	Mailing Address 5750 TURIN STREET CORAL GABLES, FL 33146



07052006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0239615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAY, BARBARA COLDWELL BANKER RES REAL ESTATE 12695 S. DIXIE HIGH WAY MIAMI, FL 33156
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IN THIS SPACE**

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 <u>Rosario Martinez</u> <u>Rosario Martinez</u> / Horizon Property Management 913 N.W. 31 Ave. 7/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>Fla. 33069</u>

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAMINDZIJA, SEBASTIAN 5750 TURIN ST #102 MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABREU, LIZA 5750 TURIN ST. #106 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHERD, FRANK 5750 TURIN ST. #206 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROMANO, JULIAN 5750 TURIN ST. #201 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000570045
07/13/06-80015-004 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Rosario Martinez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>7/10/06</u> Daytime Phone # <u>786 268-2733</u>