


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N13073	
1. Entity Name GABLES POINT III CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business ONE NE 2ND AVENUE MIAMI, FL 33132 US	Mailing Address P.O. BOX 145156 CORAL GABLES, FL 33114
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2629077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent CHASSAGNE, SABRINA ONE NE 2ND AVENUE #208 MIAMI, FL 33132	DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

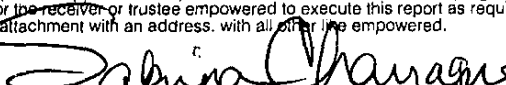
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUGRATH, DANIEL 4590 SW 68 CT. CR #3 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSCULLUELA, BEATRIZ 600 BILTMORE WAY #504 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHASSAGNE, SABRINA ONE NE 2ND AVENUE #208 MIAMI, FL 33132
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02/21/07-80092-024 61.25

DO NOT WRITE
IN THIS SPACE

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 line empowered.

SIGNATURE:  **Sabrina Chassagne, Secretary** 1/29/07 305 38005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR