2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720529

FILED Apr 19, 2007 Secretary of State

Entity Name: GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

	rincipal Place	of Business:		New Prin	icipal Place o	f Business:	
CONDO M	OGEWATER DI MAIL BOX ABLES, FL 33						
	lailing Addres			New Mai	ling Address:		
8901 F FC	GEWATER DI	R					
CONDO M							
FEI Number	: 59-1991021	FEI Number Ap	plied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desire	ed ()
Name and	d Address of C	urrent Registe	red Agent:	Name an	d Address of	New Registered Agent:	
APT. 312	EILIG DGEWATER DI ABLES, FL 33						
	e named entity : e of Florida.	submits this stat	ement for the p	ourpose of changing	its registered	office or registered agent,	, or both,
SIGNATUI	RE:						
	Electror	nic Signature of F	Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:		ADDITIO	NS/CHANGE:	S TO OFFICERS AND DI	RECTORS
Name: Address:	D () SANCHEZ, JUA 6901 EDGEWA CORAL GABLE	TER DR.		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Name: Address: City-St-Zip: Fitle: Name: Address:	SANCHEZ, JUA 6901 EDGEWA CORAL GABLE	N TER DR. S, FL 33133 Delete DA TER DR		Name: Address:	DTS (FRAZIER, LIN 6901 EDGEW	X) Change()Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	SANCHEZ, JUÁ 6901 EDGEWA CORAL GABLE DTS () FRAZIER, LINC 6901 EDGEWA MIAMI, FL 331	N ITER DR. IS, FL 33133 I Delete DA ITER DR 33 I Delete HAEL VATER DR		Name: Address: City-St-Zip: Title: Name: Address:	DTS (FRAZIER, LIN 6901 EDGEW CORAL GABL D (CURRAN, MIC 6901 E EDGE	X) Change ()Addition IDA /ATER DR #323 .ES, FL 33133 X) Change ()Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:	SANCHEZ, JUÁ 6901 EDGEWA CORAL GABLE DTS () FRAZIER, LINC 6901 EDGEWA MIAMI, FL 331 D () CURRAN, MICH 6901 E EDGEV CORAL GABLE	IN INTER DR. IS, FL 33133 Delete DA INTER DR 33 Delete HAEL VATER DR 33133 Delete DR INTER DR		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	DTS (FRAZIER, LIN 6901 EDGEW CORAL GABL CORAL GABL DP (HEILIG, MAR) 6901 EDGEW 6901 EDGEW	X) Change () Addition IDA /ATER DR #323 .ES, FL 33133 X) Change () Addition CHAEL EWATER DR #318 .ES, FL 33133 X) Change () Addition	
Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	SANCHEZ, JUÁ 6901 EDGEWA CORAL GABLE DTS () FRAZIER, LINC 6901 EDGEWA MIAMI, FL 331 D () CURRAN, MICH 6901 E EDGEW CORAL GABLE DP () HEILIG, MARY 6901 EDGEWA CORAL GABLE D () ISTEL, KENNE	IN INTER DR. IS, FL 33133 I Delete DA ITER DR 33 I Delete HAEL VATER DR IS, FL 33133 I Delete ITER DR IS, FL 33133		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	DTS (FRAZIER, LIN 6901 EDGEW CORAL GABL DP (HEILIG, MAR 6901 EDGEW CORAL GABL CORAL GABL CORAL GABL	X) Change () Addition IDA /ATER DR #323 .ES, FL 33133 X) Change () Addition CHAEL EWATER DR #318 .ES, FL 33133 X) Change () Addition Y A /ATER DR #312	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A HEILIG P 04/19/2007