

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720529

FILED
Jul 22, 2008
Secretary of State

Entity Name: GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business:

6901 E EDGEWATER DR
CONDO MAIL BOX
CORAL GABLES, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

6901 E EDGEWATER DR
CONDO MAIL BOX
CORAL GABLES, FL 33133 US

New Mailing Address:

C/O C.P.M. CORP. 1801 CORAL WAY
SUITE 305
MIAMI, FL 33145 US

FEI Number: 59-1991021 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARY, HEILIG
6901 E EDGEWATER DR
APT. 312
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

CPM CORPORATION
1801 CORAL WAY
SUITE 305
MIAMI, FL 33145 US

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.

SIGNATURE: ALBERTO COHEN

07/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANCHEZ, JUAN
Address: 6901 EDGEWATER DR.
City-St-Zip: CORAL GABLES, FL 33133

Title: DTS () Delete
Name: FRAZIER, LINDA
Address: 6901 EDGEWATER DR #323
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: CURRAN, MICHAEL
Address: 6901 E EDGEWATER DR #318
City-St-Zip: CORAL GABLES, FL 33133

Title: DP () Delete
Name: HEILIG, MARY A
Address: 6901 EDGEWATER DR #312
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: ISTEEL, KENNETH A
Address: 6901 E EDGEWATER DR, #325
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: MASON, NICHOLAS J
Address: 6901 E EDGEWATER DR, #313
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WALCUTT, SUSAN
Address: 6901 EDGEWATER DR. #322
City-St-Zip: CORAL GABLES, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LINDA FRAZIER

DST

07/22/2008

Electronic Signature of Signing Officer or Director

Date