

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28693

FILED
Jan 16, 2009
Secretary of State

Entity Name: GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5750 TURIN STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5750 TURIN STREET
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0239615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, LORENA S
COLDWELL BANKER RES REAL ESTATE
1500 SAN REMO AVENUE # 110
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAMINDZIJA, SEBASTIAN
Address: 5750 TURIN ST #102
City-St-Zip: MIAMI, FL 33146

Title: STD () Delete
Name: ABREU, LIZA
Address: 5750 TURIN ST. #106
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: SHEPHERD, FRANK
Address: 5750 TURIN ST. #206
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: ROMANO, JULIAN
Address: 5750 TURIN ST. #201
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: GAIL, CHAKOFF
Address: 5750 TURIN STREET # 207
City-St-Zip: CORAL GABLES, FL 33146

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: SEBASTIAN TAMINDZIJA

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date