2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#720529

Address:

City-St-Zip:

FILED Mar 19, 2009 Secretary of State

Entity Name: GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6901 E EDGEWATER DR 6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES, FL 33133 US CORAL GABLES, FL 33133 US **New Mailing Address: Current 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 () Name and Address of Current Registered Agent: 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WALCUTT, SUSAN WALCUTT, SUSAN Name: Name: 6901 EDGEWATER DR. #322 Address: 6901 EDGEWATER DR. #322 Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: CORAL GABLES, FL 33133 Title: DTS () Delete Title: () Change () Addition FRAZIER, LINDA Name: Name: Address: 6901 EDGEWATER DR #323 Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition CURRAN, MICHAEL Name: Name: 6901 E EDGEWATER DR #318 Address: Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: (X) Change () Addition Title: DP () Delete Title: Name: HEILIG, MARY A Name: HEILIG, MARY A 6901 EDGEWATER DR #312 6901 EDGEWATER DR #312 Address: Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: CORAL GABLES, FL 33133 Title: () Delete Title: (X) Change () Addition ISTEL, KENNETH A Name: Name: ISTEL, KENNETH A 6901 E EDGEWATER DR, #325 6901 E EDGEWATER DR, #325 Address: Address: City-St-Zip: CORAL GABLES, FL 33133 City-St-Zip: CORAL GABLES, FL 33133 Title: () Delete Title: () Change () Addition MASON, NICHOLAS J Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ALBERTO COHEN RA 03/19/2009

6901 E EDGEWATER DR, #313

CORAL GABLES, FL 33133