

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720529

**FILED**  
**Mar 14, 2024**  
**Secretary of State**  
**0961241988CC**

**Entity Name:** GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

6901 E EDGEWATER DR  
CORAL GABLES, FL 33133

**Current Mailing Address:**

C/O SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.  
2800 BISCAYNE BLVD SUITE 310  
MIAMI, FL 33137 US

**FEI Number:** 59-1991021

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
SKRLD, INC.  
201 ALHAMBRA CIRCLE ELEVENTH FLOOR  
CORAL GABLES, FL 33134 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:** ROBERT NIELSEN

03/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NIELSEN, ROBERT  
Address        9000 SW 152ND STREET  
                  102  
City-State-Zip: MIAMI FL 33157

Title            TREASURER  
Name            GUANCHEZ, BRIANA  
Address        9000 SW 152ND STREET, SUITE 102  
City-State-Zip: MIAMI FL 33157

Title            SECRETARY  
Name            FRISH, PATRICK  
Address        9000 SW 152ND STREET  
                  SUITE 102  
City-State-Zip: PALMETTO BAY FL 33157

Title            VP  
Name            MOURIZ, MIGUEL  
Address        9000 SW 152ND STREET  
                  SUITE 102  
City-State-Zip: PALMETTO BAY FL 33157

Title            DIRECTOR  
Name            GARCIA TOLEDO, RAFAEL  
Address        9000 SW 152ND STREET  
                  SUITE 102  
City-State-Zip: MIAMI FL 33157

*I hereby 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 all other like empowered.*

**SIGNATURE:** NIELSEN , ROBERT

PRESIDENT

03/14/2024

Electronic Signature of Signing Officer/Director Detail

Date