

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720529

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 THE FOSTER COMPANY
9000 SW 152ND STREET SUITE 102
MIAMI, FL 33157 US**FEI Number:** 59-1991021**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE LA CAMARA, ROSA ESQ.
C/O BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH 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:** ROSA DE LA CAMARA**08/18/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	NIELSEN , ROBERT
Address	6901 EDGEWATER DR 327
City-State-Zip:	CORAL GABLES FL 33133

Title	SECRETARY
Name	RUIZ, MILLIE
Address	6901 EDGEWATER DRIVE 213
City-State-Zip:	CORAL GABLES FL 33133

Title	VP
Name	GARCIA-TOLEDO, RAFAEL
Address	6901 EDGEWATER DRIVE 319
City-State-Zip:	CORAL GABLES FL 33133

Title	TREASURER
Name	MOURIZ, MIGUEL
Address	6901 EDGEWATER DRIVE 315
City-State-Zip:	CORAL GABLES FL 33133

Title	DIRECTOR
Name	SHERWOOD, BART
Address	6901 EDGEWATER DRIVE 324
City-State-Zip:	CORAL GABLES FL 33133

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: ROBERT NIELSEN**PRESIDENT****08/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date