

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720529

**Entity Name:** GABLES HARBOUR CONDOMINIUM APARTMENTS  
ASSOCIATION, INC.**FILED**  
**Mar 11, 2015**  
**Secretary of State**  
**CC0085866708****Current Principal Place of Business:**6901 E EDGEWATER DR  
CORAL GABLES, FL 33133**Current Mailing Address:**C/O BONAFIDE MANAGEMENT GROUP, INC.  
P.O. BOX 521458  
MIAMI, FL 33152 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****03/11/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	PATTERSON, NIGEL
Address	6901 EDGEWATER DR 329
City-State-Zip:	CORAL GABLES FL 33133

Title	VP
Name	WOSAR, MARC
Address	6901 EDGEWATER DR 326
City-State-Zip:	CORAL GABLES FL 33133

Title	SECRETARY
Name	PORTAS, ED
Address	6901 E EDGEWATER DR 328
City-State-Zip:	CORAL GABLES FL 33133

Title	DIRECTOR
Name	GARCIA, MILLIE
Address	6901 E EDGEWATER DR, 213
City-State-Zip:	CORAL GABLES FL 33133

Title	DIRECTOR
Name	BESSERER, JOHANN
Address	6901 EDGEWATER DRIVE 313
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: NIGEL PATTERSON****PRESIDENT****03/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date