

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749088

**FILED**  
**Feb 13, 2018**  
**Secretary of State**  
**CC2151567813**

**Entity Name:** GABLES WATERWAY TOWERS ASSOCIATION, INC.

**Current Principal Place of Business:**

90 EDGEWATER DRIVE  
CORAL GABLES, FL 33133

**Current Mailing Address:**

90 EDGEWATER DRIVE  
CORAL GABLES, FL 33133 US

**FEI Number:** 59-2015509

**Certificate of Status Desired:** Yes

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

BECKER & POLIAKOFF, P.A.  
1 E. BROWARD BLVD., STE. 1800  
FORT LAUDERDALE, FL 33301 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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           HOLY, BOGDAN M  
Address        90 EDGEWATER DR.  
                  APT #PH 14  
City-State-Zip: CORAL GABLES FL 33133

Title           PRESIDENT  
Name           CIMITILE, RALPH  
Address        90 EDGEWATER DR.  
                  APT PH3  
City-State-Zip: CORAL GABLES FL 33133

Title           VP  
Name           HUGUES, ROBERT F  
Address        90 EDGEWATER DRIVE  
                  APT #601  
City-State-Zip: CORAL GABLES FL 33133

Title           TREASURER  
Name           ROTHSTEIN, PETER  
Address        90 EDGEWATER DRIVE  
                  APT #908  
City-State-Zip: CORAL GABLES FL 33133

Title           DIRECTOR  
Name           CAMPBELL, MELISSA  
Address        90 EDGEWATER DRIVE  
                  APT 625  
City-State-Zip: CORAL GABLES FL 33133

Title           DIRECTOR  
Name           LUPIEN, SUSAN  
Address        90 EDGEWATER DR  
                  APT #817  
City-State-Zip: CORAL GABLES FL 33133

Title           SECRETARY  
Name           KAHN, LOIS  
Address        90 EDGEWATER DRIVE  
                  APT #406  
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:** RALPH CIMITILE

**PRESIDENT**

**02/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date