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 <sup>,</sup> PAULINE GILLHAM	PRESIDENT	01/08/2016

SIGNATURE: PAULINE GILLHAM

Electronic Signature of Signing Officer/Director Detail

## Offic

SIGNATURE:

Officer/Director Detail :				
Title	PD	Title	SD	
Name	GILLHAM, PAULINE	Name	MORALES, JUAN	
Address	13501 SW 128 STREET #216	Address	13501 SW 128 STREET #216	
City-State-Zip:	MIAMI FL 33186-5863	City-State-Zip:	MIAMI FL 33186-5863	
Title	TD			
The	1D			
Name	TORRES, ANIBAL			
Address	13501 SW 128 STREET #216			
City-State-Zip:	MIAMI FL 33186-5863			

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.

MIAMI, FL 33186-5863

## **Current Mailing Address:**

13501 SW 128 STREET #216 MIAMI, FL 33186-5863 US

### FEI Number: 59-2629077

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SKRLD, INC. 201 ALHAMBRA CIRCLE #1102 CORAL GABLES, FL 33134 US

# 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N13073

### Entity Name: GABLES POINT III CONDOMINIUM ASSOCIATION, INC.

### **Current Principal Place of Business:** 13501 SW 128 STREET #216

Jan 08, 2016 Secretary of State CC3817234253

Date

FILED

Certificate of Status Desired: No

PRESIDENT