

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28693

Entity Name: GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5750 TURIN STREET
CORAL GABLES, FL 33146**Current Mailing Address:**5750 TURIN STREET
CORAL GABLES, FL 33146**FEI Number:** 65-0239615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, LORENA S
COLDWELL BANKER RES REAL ESTATE
1500 SAN REMO AVENUE # 110
CORAL GABLES, FL 33146 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	PD
Name	TAMINDZIJA, SEBASTIAN
Address	5750 TURIN ST #102
City-State-Zip:	MIAMI FL 33146

Title	STD
Name	ABREU, LIZA
Address	5750 TURIN ST. #106
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	CHAKOFF, GAIL
Address	5750 TURIN ST. #207
City-State-Zip:	CORAL GABLES FL 33146

Title	VD
Name	SHEPHERD, FRANK
Address	5750 TURIN ST. #206
City-State-Zip:	CORAL GABLES FL 33146

Title	D
Name	CHARBEL, HASHEMA
Address	5750 TURIN STREET # 101
City-State-Zip:	CORAL GABLES FL 33146

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: SEBASTIAN TAMINDZIJA

PRESIDENT OF BOD

01/28/2013

Electronic Signature of Signing Officer/Director Detail_____
Date