

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:**

CHIALASTRI, CARLOS  
TRIZEL CRE  
2460 SW 22 ST  
MIAMI, FL 33145 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:** CARLOS CHIALASTRI

04/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name TAMINDZIJA, ISABEL DIRECTOR  
Address 5750 TURIN ST #102  
City-State-Zip: MIAMI FL 33146

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

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

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

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

Title VP  
Name MAGNUSSON, ROSA  
Address 5750 TURIN ST. #204  
City-State-Zip: CORAL GABLES FL 33146

Title DIRECTOR  
Name ZHANG, BENNY  
Address 5750 TURIN ST. #202  
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:** ROSA MAGNUSSON

VP

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date