2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N28693

Entity Name: GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 06, 2016
Secretary of State
CC2284309742

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 07/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

 Title
 PD
 Title
 TREASURER

 Name
 TAMINDZIJA, SEBASTIAN
 Name
 ABREU, LIZA

Address 5750 TURIN ST #102 Address 5750 TURIN ST. #106

City-State-Zip: MIAMI FL 33146 City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY Title DIRECTOR

NameCHAKOFF, GAILNameSHEPHERD, FRANKAddress5750 TURIN ST. #207Address5750 TURIN ST. #206City-State-Zip:CORAL GABLES FL 33146City-State-Zip:CORAL GABLES FL 33146

Title DIRECTOR Title VP

NameCHARBEL, HASHEMANameMAGNUSSON, ROSAAddress5750 TURIN STREET # 101Address5750 TURIN ST. #204City-State-Zip:CORAL GABLES FL 33146City-State-Zip:CORAL GABLES FL 33146

Title DIRECTOR
Name ZHANG, BENNY

City-State-Zip: CORAL GABLES FL 33146

5750 TURIN ST. #202

Address

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.

Ρ

SIGNATURE: SEBASTIAN TAMINDZIJA

07/06/2016