Title	PD	Title	TREASURER
Name	TAMINDZIJA, SEBASTIAN PRESIDENT	Name	ABREU, LIZA
Address	5750 TURIN ST #102 MIAMI FL 33146	Address City-State-Zip:	5750 TURIN ST. #106 CORAL GABLES FL 33146
City-State-Zip: Title Name Address	SECRETARY CHAKOFF, GAIL 5750 TURIN ST. #207	Title Name Address City-State-Zip:	DIRECTOR SHEPHERD, FRANK 5750 TURIN ST. #206 CORAL GABLES FL 33146
City-State-Zip:		Title	VP
Title Name Address	DIRECTOR CHARBEL, HASHEMA 5750 TURIN STREET # 101	Name Address City-State-Zip:	MAGNUSSON, ROSA 5750 TURIN ST. #204 CORAL GABLES FL 33146
City-State-Zip:	CORAL GABLES FL 33146		
Title Name Address City-State-Zip:	DIRECTOR ZHANG, BENNY 5750 TURIN ST. #202 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.

01/05/2017 SIGNATURE: LIZA ABREU Т

Electronic Signature of Signing Officer/Director Detail

5750 TURIN STREET

Current Mailing Address:

5750 TURIN STREET

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

Officer/Director Detail :

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.

Entity Name: GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

CORAL GABLES, FL 33146

DOCUMENT# N28693

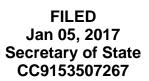
SIGNATURE: CARLOS CHIALASTRI

CORAL GABLES. FL 33146

FEI Number: 65-0239615

Certificate of Status Desired: No

01/05/2017



Date

Date