

2017 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:**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

01/05/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name TAMINDZIJA, SEBASTIAN
PRESIDENT
Address 5750 TURIN ST #102
City-State-Zip: MIAMI FL 33146

Title SECRETARY
Name CHAKOFF, GAIL
Address 5750 TURIN ST. #207
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 DIRECTOR
Name ZHANG, BENNY
Address 5750 TURIN ST. #202
City-State-Zip: CORAL GABLES FL 33146

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

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

Title VP
Name MAGNUSSON, ROSA
Address 5750 TURIN ST. #204
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: LIZA ABREU

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01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date