

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720529 (7)

1. Corporation Name

GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6901 EDGEWATER DRIVE  
CORAL GABLES FL 33133

6901 EDGEWATER DRIVE  
CORAL GABLES FL 33133-7044  
US



3. Date Incorporated or Qualified  
03/17/1971

3a. Date of Last Report  
06/20/1996

2. Principal Place of Business

2a. Mailing Address

21 6901 E. EDGEWATER DR.

26 6901 E. EDGEWATER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 CONDO. MAIL BOX

27 CONDO. MAIL BOX

City & State

City & State

23 CORAL GABLES, FL.

28 CORAL GABLES, FL.

Zip

Country

Zip

Country

24 33133

25 U.S.A.

29 33133

30 U.S.A.

4. FEI Number

59-1991021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CACICED, RAMON R JR  
275 FONTAINEBLEAU BLVD  
SUITE 105-250  
MIAMI FL 33172 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME NORMA WALCOTT  
STREET ADDRESS 6901 EDGEWATER DR.  
CITY-ST-ZIP CORAL GABLES, FL 00000

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME GREENE, STANLEY  
STREET ADDRESS 6901 EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE  
NAME CRISPIN, KAREN  
STREET ADDRESS 6901 EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DP ☐ DELETE  
NAME HARRISON, REGINA  
STREET ADDRESS 6901 EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME ISTEEL, KENNETH  
STREET ADDRESS 6901 EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DT ☐ DELETE  
NAME MASON, NICK  
STREET ADDRESS 6901 EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0026735

CR2E037 (9/96)