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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90027 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720529**

1. Corporation Name  
**GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATIO  
 N, INC.**

Principal Place of Business 6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US	Mailing Address 6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>03/17/1971</b>	4. FEI Number <b>59-1991021</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent

**ISTEL, KENNETH**  
**6901 E EDGEWATER DR**  
**APT. 323**  
**CORAL GABLES FL 33133**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HEILIG, MARY	
STREET ADDRESS	6901 E EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, STANLEY	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HARRISON, REGINA	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ISTEL, KENNETH	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CURRAN, MICHAEL	
STREET ADDRESS	6901 E EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KATZ, JAY	
STREET ADDRESS	6901 E EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIR: DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HELEN REYNOLDS	
1.3 STREET ADDRESS	6901 E. EDGEWATER DR.	
1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33133	
2.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TREASURER	
2.3 STREET ADDRESS	JOSÉ A. GONZÁLEZ	
2.4 CITY-ST-ZIP	6901 E. EDGEWATER DR.	
	CORAL GABLES, FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: JOSÉ A. GONZÁLEZ 1/5/99 (305) 265-8771  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)