

DOCUMENT # 720529

1. Entity Name

GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATIO

FILED  
Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90152 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6901 E EDGEWATER DR  
CONDO MAIL BOX  
CORAL GABLES FL 33133  
US

6901 E EDGEWATER DR  
CONDO MAIL BOX  
CORAL GABLES FL 33133-7044  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1991021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME REYNOLDS, HELEN  
STREET ADDRESS 6901 E. EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE DP ☐ Change ☒ Addition  
NAME HEILIG, MARY  
STREET ADDRESS 6901 E. EDGEWATER DR.  
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE DT ☐ Delete  
NAME GONZALEZ, JOSE A  
STREET ADDRESS 6901 E. EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES FL 33133

TITLE D ☐ Change ☒ Addition  
NAME GRANE, STAN  
STREET ADDRESS 6901 E. EDGEWATER DR.  
CITY-ST-ZIP CORAL GABLES, FL 33133

TITLE DVP ☐ Delete  
NAME HARRISON, REGINA  
STREET ADDRESS 6901 EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME ISTEL, KENNETH  
STREET ADDRESS 6901 EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CURRAN, MICHAEL  
STREET ADDRESS 6901 E EDGEWATER DR  
CITY-ST-ZIP CORAL GABLES, FL 00000 33133

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~D~~ ☒ Delete  
NAME ~~GRANE, STAN~~  
STREET ADDRESS ~~6901 E. EDGEWATER DR.~~  
CITY-ST-ZIP ~~CORAL GABLES, FL 33133~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JOSE A. GONZALEZ* 3/24/00 (305) 265-1771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)