

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

0038819

DOCUMENT # 720529

1. Entity Name
GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATIO

01-18-2001 90002 009 ****61.25

Principal Place of Business Mailing Address
6901 E EDGEWATER DR **6901 E EDGEWATER DR**
CONDO MAIL BOX **CONDO MAIL BOX**
CORAL GABLES FL 33133 **CORAL GABLES FL 33133**
US **US**

602892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1991021		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, HELEN		NAME	STAN GREENE	
STREET ADDRESS	6901 E. EDGEWATER DR		STREET ADDRESS	6901 E. EDGEWATER DR.	
CITY-ST-ZIP	CORAL GABLES FL 33133		CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JOSE A		NAME		
STREET ADDRESS	6901 E. EDGEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33133		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, REGINA		NAME		
STREET ADDRESS	6901 EDGEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISTEL, KENNETH		NAME		
STREET ADDRESS	6901 EDGEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, MICHAEL		NAME		
STREET ADDRESS	6901 E EDGEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEILIG, MARY		NAME		
STREET ADDRESS	6901 E EDGEWESTERN DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33133		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: *[Signature]* **JOSE A. GONZALEZ, TREASURER** **1/3/01**

CR2E037 (10/00)