

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720529

1. Entity Name

GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90123 039 ****61.25

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 MARY A. HEILIG

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

6901 E. Edgewater Dr. # 312

City

Coral Gables

FL

Zip Code

33133

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

2/4/02

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

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

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS 6901 E. EDGEWATER DR.
CITY-ST-ZIP ☐ Change ☐ Addition

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:

REQUIRED

2/4/02 305-561-1200

CR2E037 (9/01)