

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # 720529

1. Entity Name

**GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATIO
 N, INC.**

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



DO NOT WRITE IN THIS SPACE

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

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	<input type="checkbox"/> Delete
NAME	REYNOLDS, HELEN	
STREET ADDRESS	6901 E. EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, JOSE A	
STREET ADDRESS	6901 E. EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES FL 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 checked="" 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	DP	<input type="checkbox"/> Delete
NAME	HEILIG, MARY	
STREET ADDRESS	6901 E EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6901 E. EDGEWATER DR.	
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:

REQUIRED

2/4/02 305-561-1200

CR2E037 (9/01)