


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90258 036 ****61.25

DOCUMENT # 720529					
1. Entity Name GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, 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			
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARY, HEILIG 6901 E EDGEWATER DR APT. 312 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, JUAN		NAME	ISTEL, A. KENNETH	
STREET ADDRESS	6901 EDGEWATER DR.		STREET ADDRESS	6901 E. EDGEWATER DR. #325	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, REGINA		NAME	NASAW, NICHOLAS	
STREET ADDRESS	6901 EDGEWATER DR		STREET ADDRESS	6901 E. EDGEWATER DR. # 313	
CITY-ST-ZIP	CORAL GABLES, FL 00000, 33133		CITY-ST-ZIP	CORAL GABLES, FL 33133	
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 EDGEWATER DR		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, LINDA		NAME		
STREET ADDRESS	6901 EDGEWATER DRIVE #323		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Mary A. Heilig</i> MARY A. HEILIG		Date: 4/21/05		Daytime Phone #: 305-665-2653	