



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90101 031 ****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		 04162006 Chg-NP CR2E037 (11/05)	
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
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MARY, HEILIG 6901 E EDGEWATER DR APT. 312 CORAL GABLES, FL 33133				7. Name and Address of New Registered Agent	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANCHEZ, JUAN		NAME	HEILIG FRAZIER, LINDA	
STREET ADDRESS	6901 EDGEWATER DR.		STREET ADDRESS	6901 EDGEWATER DR.	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	DVP	<input checked="" 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 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 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 type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISTEL, A. KENNETH		NAME	ISTEL, A. KENNETH	
STREET ADDRESS	6901 E EDGEWATER DR, #325		STREET ADDRESS	6901 EDGEWATER DR.	
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, NICHOLAS		NAME		
STREET ADDRESS	6901 E EDGEWATER DR, #313		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 exemptions contained in Chapter 119, 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 Heilig</i>		PRESIDENT MARY A. HEILIG		4/17/06 305-665-2653	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	