

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90062 026 \*\*\*150.00

**DOCUMENT # 720529**

1. Entity Name  
**GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATIO  
N, 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**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



CHECK HERE IF MAKING CHANGES

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$51.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>D</b> REYNOLDS, HELEN <input type="checkbox"/> Delete	TITLE	<b>DS</b> Frazier, Linda <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, HELEN	NAME	Frazier, Linda
STREET ADDRESS	6901 E. EDGEWATER DR	STREET ADDRESS	6901 Edgewater Drive # 523
CITY-ST-ZIP	CORAL GABLES FL 33133	CITY-ST-ZIP	Coral Gables, FL 33133
TITLE	<b>DVP</b> HARRISON, REGINA <input type="checkbox"/> Delete	TITLE	<b>D</b> Smith, Carole <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, REGINA	NAME	Smith, Carole
STREET ADDRESS	6901 EDGEWATER DR	STREET ADDRESS	4277 Ingraham Highway
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	<b>D</b> CURRAN, MICHAEL <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	<b>DP</b> HEILIG, MARY <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	<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	
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: Mary Heilig **REQUIRED** 1/21/03 305-561-1200

CR2E037 (10/02)