FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

DOCUMENT # **725837** **(9)**

1. Corporation Name

GABLES NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
234 ANTIQUERA AVENUE APT. #16 CORAL GABLES FL 33134 US	234 ANTIQUERA AVENUE APT. #16 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1973
3a. Date of Last Report: 04/22/1994
4. FEI Number: 23-7305141 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

PASCUL, ROSETTE
234 ANTIQUERA, #8
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ROUSE, JOHN	1.2 NAME	DAVID SCALIA	
STREET ADDRESS	234 ANTIQUERA, #5	1.3 STREET ADDRESS	234 ANTIQUERA #14	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	D	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	FREEDLAND, LARRY	2.2 NAME	SAUL DE COSTA	
STREET ADDRESS	234 ANTIQUERA, #10	2.3 STREET ADDRESS	234 ANTIQUERA #11	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	VP	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COSTA, SAUL	3.2 NAME	MIREYA LOVO	
STREET ADDRESS	234 ANTIQUERA, #11	3.3 STREET ADDRESS	234 ANTIQUERA #5	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	TD	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	PASCUL, ROSETTE	4.2 NAME	Rosette PASCUL	
STREET ADDRESS	234 ANTIQUERA APT 8	4.3 STREET ADDRESS	SAME 234 ANTIQUA #8	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	CORAL GABLES FL 33134 (TREASURER)	
TITLE	DS	5.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	SCHNEIDER, MICHELE	5.2 NAME	MICHELE SCHNEIDER	
STREET ADDRESS	234 ANTIQUERA, #15	5.3 STREET ADDRESS	234 ANTIQUERA #15	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE		6.1 TITLE	TRUSTEE	☒ Change ☐ Addition
NAME		6.2 NAME	JOHN F. ROUSE	
STREET ADDRESS		6.3 STREET ADDRESS	234 ANTIQUERA AVE, APT 7	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL GABLES, FL. 33134	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] TREASURER 3/27/95 RP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007437