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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725837

1. Corporation Name
GABLES NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
234 ANTIQUERA AVENUE APT #8 CORAL GABLES FL 33134 US	234 ANTIQUERA AVENUE APT #8 CORAL GABLES FL 33134 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 SAME AS ABOVE	26 SAME AS ABOVE	03/19/1973
Suite, Apt. #, etc. 22 "	Suite, Apt. #, etc. 27 "	4. FEI Number 23-7305141 ☐ Applied For ☐ Not Applicable
City & State 23 "	City & State 28 "	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PASCUL, ROSETTE 234 ANTIQUERA, #8 CORAL GABLES FL 33134	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 617.0502 and 617.1508, 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 617.0503, 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	SD	☑ DELETE	1.1 TITLE	Secretary/Liverpool	☐ Change ☑ Addition
NAME	~~SCHNEIDER, MICHELE~~		1.2 NAME	JAMES	
STREET ADDRESS	234 ANTIQUERA AVE., C6		1.3 STREET ADDRESS	234 Antiquera	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	C6 33134	
TITLE	VP	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~BEX-CHABEBE, JORGE~~		2.2 NAME		
STREET ADDRESS	234 ANTIQUERA #11		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOVA, MIREYA		3.2 NAME		
STREET ADDRESS	234 ANTIQUERA #5		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PASCUL, ROSETTE		4. 2 NAME		
STREET ADDRESS	234 ANTIQUERA APT 8		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, BARBARA		5.2 NAME		
STREET ADDRESS	234 ANTIQUERA #3		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		5.4 CITY-ST-ZIP		
TITLE	BD	☐ DELETE	6.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	GUERRA, JOE		6.2 NAME		
STREET ADDRESS	2201 BRICKELL AVE. #35		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Rosette Pascul Treasurer **SIGNATURE REQUIRED** Jan 18/99 305-567-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)