2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90017 044 *****8.75
03-10-2008 90051 034 ****52.50

DOCUMENT # 725837

1. Entity 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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
GABles North Cond		234 ANtiquera A	
Suite, Apt. #, etc. Apt. 8		Suite, Apt. #, etc. Apt 8	
City & State CORAL GABLES		City & State CORAL GABLES	
Zip 33134	Country Fla.	Zip 33134	Country Fla.

4. FEI Number 23-7305141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHENEVEY, CHRIS P.D.
234 ANTIQUERA AVENUE
APT #16
CORAL GABLES FL 33134

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 [signature] DATE 2/3/08

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

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHENEVEY, CHRIS 234 ANTIQUERA AVENUE, # 16 CORAL GABLES FL 33134	~~Delete~~ no change	TITLE PD.	SAme ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PASCUL, ROSETTE 234 ANTIQUERA AVENUE UNIT 8 CORAL GABLES FL 33134	~~Delete~~ no change	TITLE TD.	SAme ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FISHER, BARBARA 234 ANTIQUERA AVENUE UNIT 8 CORAL GABLES FL 33134	~~Delete~~ no change	TITLE D.	SAme ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOVA, MIREYA 234 ANTIQUERA AVENUE UNIT 5 CORAL GABLES FL 33134	~~Delete~~ no change	TITLE S.	SAme ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~LISETTE SHUST~~ ~~6384 SW 39 TERRACE~~ ~~MIAMI FL 33155~~	☒ Delete Change	TITLE VP.	V.P. John Roose 234 ANtiquera. Unit 7 CORAL GABLES Fla 33134 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 1/29/08 786-301-6973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #