

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 736355 (9)
1. Corporation Name
GABLES WAY CONDOMINIUM, INC.



Principal Place of Business: 650 CORAL WAY, CORAL GABLES FL 33116-6014
Mailing Address: 650 CORAL WAY, CORAL GABLES FL 33134, US

3. Date Incorporated or Qualified: 07/12/1976
3a. Date of Last Report: 07/05/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1699421	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State			
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30	Country	30	Country			
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BURBAGE, JEAN 650 CORAL WAY STE 204 CORAL GABLES FL 33134				81	Name		GABLES WAY CONDOMINIUM
				82	Street Address (P.O. Box Number is Not Acceptable)		(JOSE A. ORTEGA, AGENT)
				83	City		MIAMI
				84	State	FL	85 Zip Code
							33135

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: *Jose A. Ortega* PROPERTY MANAGER C.P.M. C.A.M. 3/15/96
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT
NAME	BURBAGE, JEAN	12 NAME	BOOTH, JEANNE
STREET ADDRESS	650 CORAL WAY STE 204	13 STREET ADDRESS	650 CORAL WAY #406
CITY-ST-ZIP	CORAL GABLES, FL 00000	14 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	VPD	21 TITLE	VICE PRESIDENT
NAME	BOOTH, JEANNE	22 NAME	ROBERTSON, KURTIS
STREET ADDRESS	650 CORAL WAY #406	23 STREET ADDRESS	650 CORAL WAY #103
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	SD	31 TITLE	SECRETARY
NAME	KAISER, MARGUERITE	32 NAME	WEINER, ROBERT
STREET ADDRESS	650 CORAL WAY #307	33 STREET ADDRESS	650 CORAL WAY #403
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	TD	41 TITLE	TREASURER
NAME	LOURDES, ALVAREZ	42 NAME	ALVAREZ, LOURDES
STREET ADDRESS	650 CORAL WAY #504	43 STREET ADDRESS	650 CORAL WAY #504
CITY-ST-ZIP	CORAL GABLES FL 33134	44 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	BM	51 TITLE	BOARD MEMBER
NAME	BECKWITH, GENE	52 NAME	ROYCE, AGNES
STREET ADDRESS	650 CORAL WAY #104	53 STREET ADDRESS	650 CORAL WAY #503
CITY-ST-ZIP	CORAL GABLES, FL 00000	54 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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: *Gene Beckwith* 3-19-96 4479964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E037 (12/95)