

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736355

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: GABLES WAY CONDOMINIUM, INC.

## Current Principal Place of Business:

650 CORAL WAY  
CORAL GABLES, FL 331166014

## New Principal Place of Business:

650 CORAL WAY  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

C/O CPM CORP  
170 OCEAN LN DR  
KEY BISCAYNE, FL 33149 US

## New Mailing Address:

C/O CPM CORP  
1801 CORAL WAY #305  
MIAMI, FL 33145 US

FEI Number: 59-1699421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KUPERMAN, MARC A  
7695 SW 104 STREET  
SUITE 210  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANCHEZ, CARLOS  
Address: 650 CORAL WAY STE 506  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: AGUDO, CARLOTA  
Address: 650 CORAL WAY #104  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: ARENCIBIA, MIRIAM  
Address: 650 CORAL WAY #105  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS SANCHEZ

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date