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

APPROVED AND FILED

95 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737400 (2)

1. Corporation Name

GABRIEL TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 NORTH OCEAN BLVD. POMPANO BEACH FL 33062	~~C/O ATLANTIC MGMT. SRVS. INC.~~ ~~POST OFFICE BOX 1177~~ ~~POMPANO BEACH FL 33061-1177~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1976
3a. Date of Last Report: 08/05/1994
4. FEI Number: 59-1769400 ☐ 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

c/o

2. Principal Place of Business	2a. Mailing Address
21 CREST Property Mgmt	26 PO BOX 452347
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Sunrise FL
24 Zip / 25 Country	29 33345 / 30 USA

9. Name and Address of Current Registered Agent

~~ATLANTIC MANAGEMENT SERVICES INC.~~
~~1203 SOUTHWEST SECOND STREET~~
~~POMPANO BEACH FL 33069~~

10. Name and Address of New Registered Agent

81 Name: CREST Property MANAGEMENT INC.
82 Street Address (P.O. Box Number is Not Acceptable): 4700 Hiatus Road #156
83
84 City: Sunrise FL 85 Zip Code: 33351

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: Dolores Camacho V.P — Signature, typed or printed name of registered agent and title if applicable
Dolores Camacho — (NOTE: Registered Agent signature required when reinstating)
DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BROGNA, GEORGE	12 NAME	
STREET ADDRESS	801 NORTH OCEAN BOULEVARD, UNIT 604	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH, FL 0	14 CITY ST ZIP	
TITLE	VD	21 TITLE	VP ☑ Change ☐ Addition
NAME	CASPER, SUSAN	22 NAME	JIM STANLEY
STREET ADDRESS	801 NORTH OCEAN BOULEVARD, UNIT 603	23 STREET ADDRESS	801 N. OCEAN BLVD #203
CITY ST ZIP	POMPANO BEACH, FL 0	24 CITY ST ZIP	POMPANO BCH, FL 33062
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	LOWELL, HENRY	32 NAME	
STREET ADDRESS	801 NORTH OCEAN BOULEVARD, UNIT PH1	33 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	DIRECTOR / ASST. SECRETARY ☑ Change ☐ Addition
NAME	MOLLEMA, BERNARD	42 NAME	CARMELO GORRI
STREET ADDRESS	2647 WYNDHAM SE	43 STREET ADDRESS	801 N OCEAN BLVD #501
CITY ST ZIP	GRANDS RAPID MI	44 CITY ST ZIP	POMPANO BCH, FL. 33062
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	WAGNER, AL	52 NAME	
STREET ADDRESS	1825 MACKENZIE DRIVE	53 STREET ADDRESS	
CITY ST ZIP	COLUMBUS OH	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
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)(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: George A Brogna — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE A BROGNA PRES. — Date
95 4426571 — Telephone Number

0039720