FILE NOW: FILING FEE IS $61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 737400 (2)

1. Corporation Name
GABRIEL TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% CREST PROPERTY MANAGEMENT PO BOX 452347 SUNRISE FL 33345 US	% CREST PROPERTY MANAGEMENT PO BOX 452347 SUNRISE FL 33345-2347 US

3. Date Incorporated or Qualified: 11/30/1976
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 59-2066697 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CREST PROPERTY MANAGEMENT INC.
4700 HIATUS ROAD #156
SUNRISE FL 33351

10. Name and Address of New Registered Agent

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 Donald R. Castagno DONALD R. CASTAGNO 3/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROGNA, GEORGE		1.2 NAME		
STREET ADDRESS	801 NORTH OCEAN BOULEVARD, UNIT 604		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 0		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~STALEY, JIM~~		2.2 NAME		
STREET ADDRESS	~~801 NORTH OCEAN BLVD #203~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~POMPANO BEACH, FL 0~~		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~CARMELO, GORRI~~		3.2 NAME		
STREET ADDRESS	~~801 N OCEAN BLVD #501~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~POMPANO BEACH FL~~		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	Dir	☐ Change ☒ Addition
NAME	MOLLEMA, BERNIE		4.2 NAME	MARTIN Cunnane	
STREET ADDRESS	801 N OCEAN BLVD #803		4.3 STREET ADDRESS	801 N Ocean BLVD 701	
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	George Ardizzola		5.2 NAME		
STREET ADDRESS	801 N Ocean Blvd # 804		5.3 STREET ADDRESS		
CITY-ST-ZIP	Pompano Beach FL 33062		5.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	SUSAN CASPER		6.2 NAME		
STREET ADDRESS	801 N. Ocean Blvd 603		6.3 STREET ADDRESS		
CITY-ST-ZIP	Pompano Beach FL 33062		6.4 CITY-ST-ZIP		

14. I do 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.

CR2E037 (9/96)