FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90153 047 ****61.25

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DOCUMENT # 737400

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 US

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 11/30/1976

4. FEI Number: 59-2066697 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 Crestesno Agent 3/15/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD Eugene Forland 810 N Ocean Blvd 201 Pompano Bch FL 33062	☐ Change ☒ Addition
TITLE	VP	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	ARDIZZOLA, GEORGE		2.2 NAME	Hal Bonner	
STREET ADDRESS	801 N. OCEAN BLVD., #804		2.3 STREET ADDRESS	801 N Ocean Blvd 503	
CITY-ST-ZIP	POMPAN BEACH FL		2.4 CITY-ST-ZIP	Pompano Beach FL 33062	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUSTEN, KATHERINE		3.2 NAME		
STREET ADDRESS	801 N OCEAN BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33068		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOLLEMA, BERNIE		4.2 NAME		
STREET ADDRESS	801 N OCEAN BLVD #803		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CUNNANE, MARTIN		5.2 NAME		
STREET ADDRESS	801 N. OCEAN BLVD., #701		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: George Brogna CO Pres. 3/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #