2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 09, 2006 8:00 am Secretary of State

| DOCUMENT # 737400 1. Entity Name GABRIEL TOWERS CONDOMINIUM ASSOCIATION, INC. | | | | | 05 | 5-09-2006 90 | 0087 010 * | ***61.25 | |
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| Principal Place 801 N OCEAN POMPANO BE | | Mailing Address 801 N OCEAN E POMPANO BEA | | US | | 11fa 1 981: 818 11 88 12 1 | IDII BIBII DIDII DIDI | 1 B188 B1811 B188 | (III Bi III) |
| 2. Principal Pl | ace of Business | 3. Mailing Addres | is | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 04202006 | Chg-NP | CR2E03 | 7 (11/05) | |
| City & State | 9 | City & State | | | 4. FEI Number 59-2066 | | | <u> </u> | plied For t Applicable |
| Zip | Country | Zip | Co | untry | 5. Certificate of | of Status Desired | | \$8.75 Add Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New | Registered A | gent | |
| CUADICO | DAL!! | | | Name | | | | | |
| SHAPIRO, PAUL 2711 TREASURE COVE CIRCLE FT LAUDERDALE, FL 33312 | | | Street Addre | | dress (P.O. Box Numbe | r is Not Accepta | ble) | | |
| | | | | City | | | FL | Zip Code | |
| | named entity submits this statement to ions of registered agent. Signature, typed or printed name of registered agent: | | | · · · · · · | egistered agent, or both | i, in the State of | | armea witt, | and accept |
| | Signature, typed or printed name or registered agents | and title ii applicable. | (NOTE: Register | red Agent signature | e required when reinstating) | | DATE | ···· | |
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE

The Rous Theres A NORK'S
SIGNATURE AND TYPED OR PRINTED NAME OF SUSPINED OFFICER OR DIRECTOR

Treas. 954-184-3085

Daytime Phone #