2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 737400

1. Entity Name
GABRIEL TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
801 N OCEAN BLVD. POMPANO BEACH, FL 33062 US	801 N OCEAN BLVD. POMPANO BEACH, FL 33062 US

01092007 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

KATZMAN & KORR, P.A.
1501 NORTHWEST 49TH STREET, SUITE 202
FT LAUDERDALE, FL 33309

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

U00000598718
01/24/07-80085-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	NORRIS, THERESA
STREET ADDRESS	801 N OCEAN BLVD. # 404
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	S
NAME	TOMAN, FRANK
STREET ADDRESS	801 N. OCEAN BLVD #604
CITY-ST-ZIP	POMPAN BEACH, FL 33062
TITLE	D
NAME	MILORA, MARIE B
STREET ADDRESS	801 N. OCEAN BLVD #401
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	STALEY, JIM
STREET ADDRESS	801 N. OCEAN BLVD #203
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VP
NAME	GOTTHOFFER, JUDY
STREET ADDRESS	801 NORTH OCEAN BLVD SUITE 704
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby 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: Theresa A. Norris, Pres. Theresa A. Norris 1/10/07 954-784-3085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #