

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 JAN 30 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 737400</b> 1. Entity Name <b>GABRIEL TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>801 N OCEAN BLVD. POMPANO BEACH, FL 33062 US</b>			Mailing Address <b>801 N OCEAN BLVD. POMPANO BEACH, FL 33062 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2066697</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				12172007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>KATZMAN &amp; KORR, P.A. 1501 NORTHWEST 49TH STREET, SUITE 202 FT LAUDERDALE, FL 33309</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<input checked="" type="checkbox"/> <b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<input checked="" type="checkbox"/> <b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NORRIS, THERESA</b> <input type="checkbox"/> Delete <b>801 N OCEAN BLVD. # 404</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LEVIN, CAROLE</b> <b>801 N. OCEAN BLVD # 302</b> <b>POMPANO BEACH, FL 33062</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>TOMAN, FRANK</b> <b>801 N. OCEAN BLVD #604</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100117634961</b> <b>02/08/08--01050--001 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MILORA, MARIE B</b> <b>801 N. OCEAN BLVD #401</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STALEY, JIM</b> <b>801 N. OCEAN BLVD #203</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>GOTTHOFFER, JUDY</b> <b>801 NORTH OCEAN BLVD SUITE 704</b> <b>POMPANO BEACH, FL 33062</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Theresa A. Norris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1-10-08</u> Daytime Phone #: <u>954-784-3085</u>		

Theresa A. Norris, TREAS