2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737400

FILED Mar 31, 2009 Secretary of State

Entity Name: GABRIEL TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 801 N OCEAN BLVD POMPANO BEACH, FL 33062 US **Current Mailing Address: New Mailing Address:** 801 N OCEAN BLVD POMPANO BEACH, FL 33062 US FEI Number: 59-2066697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NORRIS, THERESA Name: Name: 801 N OCEAN BLVD. # 404 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: Title: (X) Change () Addition () Delete LEVIN, CAROLE Name: LEVIN, CAROLE Name: Address: 801 N. OCEAN BLVD #302 Address: 801 N. OCEAN BLVD #302 City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: () Delete Title: (X) Change () Addition MILORA, MARIE B MILORA, MARIE B Name: Name: 801 N. OCEAN BLVD #401 801 N. OCEAN BLVD #401 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: () Delete Title: (X) Change () Addition Name: STALEY, JIM Name: STALEY, JIM 801 N. OCEAN BLVD #203 801 N. OCEAN BLVD #203 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: () Delete Title: (X) Change () Addition GOTTHOFFER, JUDY GOTTHOFFER, JUDY Name: Name: 801 NORTH OCEAN BLVD SUITE 704 801 NORTH OCEAN BLVD SUITE 704 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL LEVIN P 03/31/2009