3/22/02-90051-048-$61.25 $61.25

2002 UNIFORM BUSINESS REPORT (UBR)

AND FILED

02 APR -4 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749088

1. Entity Name

GABLES WATERWAY TOWERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
90 EDGEWATER DRIVE CORAL GABLES FL 33133-6942	90 EDGEWATER DRIVE CORAL GABLES FL 33133-6942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2015509 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF 5201 BLUE LAGOON DRIVE STE 100 MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GLASSER, AARON 90 EDGEWATER DR. PH-26 CORAL GABLES FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KOPOLOW, LEO 90 EDGEWATER DR. #1024 CORAL GABLES, FL 33133 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACABS, RICHARD 90 EDGEWATER DRIVE CORAL GABLES FL 33133-6942	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELDMAN, MICHAEL 90 EDGEWATER DRIVE #614 CORAL GABLES, FL 33133 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNDSTROM, LESLIE 90 EDGEWATER DRIVE CORAL GABLES FL 33133-6942	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. LUNDSTROM, LESLIE 90 EDGEWATER DRIVE #304 CORAL GABLES, FL 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COLLARD, CHARLES F 90 EDGEWATER DR. #924 CORAL GABLES FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ D STEIN, BERNARD 90 EDGEWATER DR PH-16 CORAL GABLES FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIBLER, JOHN 90 EDGEWATER DR #721 CORAL GABLES FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: [illegible] MARCH 6, 2002 305 665 5779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #