

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90069 026 ****61.25

DOCUMENT # 749088

1. Entity Name
GABLES WATERWAY TOWERS ASSOCIATION, INC.



Principal Place of Business
**90 EDGEWATER DRIVE
CORAL GABLES, FL 33133-6942**

Mailing Address
**90 EDGEWATER DRIVE
CORAL GABLES, FL 33133-6942**

40013351



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302007 Chg-NP CR2E037 (12/06)

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
121 ALHAMBRE PLAZA
10TH FLOOR
CORAL GABLES, FL 33134**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida 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, ARRON
90 EDGEWATER DR. PH-26
CORAL GABLES, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Kahn, Lois
90 Edgewater Dr. #406
Coral Gables, FL 33133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STEIN, BERNARD
90 EDGEWATER DR. #904
CORAL GABLES, FL 331336942** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Weiss, Steve
90 Edgewater Dr. #808
Coral Gables, FL 33133** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RYDER, NORMA
90 EDGEWATER DR 1104
CORAL GABLES, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Farbish, Shellie
90 Edgewater Dr. #902
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
STEIN, BERNARD D
90 EDGEWATER DR 904
CORAL GABLES, FL 33133** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOLD, GERALD
90 EDGEWATER DR 925
CORAL GABLES, FL 33133** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Aaron Glasser 2/9/07 (305)665-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #