## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#758320** 

FILED Mar 25, 2011 Secretary of State

Entity Name: GABLES PARK TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

CNO COURTESY PROPERTY MANAGEMENT 911 E. PONCE DE LEON BLVD. 13250 SW 135 AVENUE CORAL GABLES, FL 33134 US

MIAMI, FL 33186 US

MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

C\O COURTESY PROPERTY MANAGEMENT 911 E. PONCE DE LEON BLVD. 13250 SW 135 AVENUE CORAL GABLES, FL 33134 US

FEI Number: 59-2123957 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:

STEVE J. LACHTERMAN, P. A. 2655 LEJEUNE RD., SUITE 1-D CORAL GABLES, FL 33134 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:**

Title: F

Name: GROSS, RITA

Address: 911 EAST PONCE DE LEON BLVD City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP

Name: FONGON, ROLANDO
Address: 911 E PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

Title:

Name: NESPRAL, ALICIA

Address: 911 E PONCE DE LEON BLVD. City-St-Zip: CORAL GABLES, FL 33134 US

Title: [

Name: ADAMES, HERNAN

Address: 911 E PONCE DE LEON BLVD. City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: RITA GROSS P 03/25/2011