

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 28, 2011
Secretary of State

DOCUMENT# 758320

Entity Name: GABLES PARK TOWER CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**911 E. PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**911 E. PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US**New Mailing Address:****FEI Number:** 59-2123957**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STEVE J. LACHTERMAN, P. A.
2655 LEJEUNE RD.,
SUITE 1-D
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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: P
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: T
Name: NESPRAL, ALICIA
Address: 911 E PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D
Name: ADAMES, HERNAN
Address: 911 E PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S
Name: DE LA TORRE, NIURKA
Address: 911 E PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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

03/28/2011

Electronic Signature of Signing Officer or Director

Date