

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769058

FILED  
Jan 04, 2010  
Secretary of State

**Entity Name:** C. W. GABLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O TIM MCDERMOTT  
6535 N.W. 84TH AVE.  
MIAMI, FL 331662610 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NELSON C. KESHEN, ESQ.  
9130 S DADELANDND BLVD #1511  
MIAMI, FL 33156 US

**New Mailing Address:**

C/O NELSON C. KESHEN, ESQ.  
9155 S DADELANDND BLVD #1718  
MIAMI, FL 33156 US

**FEI Number:** 59-2319430

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KESHEN, NELSON C.  
9430 SOUTH DADELAND BLVD  
SUITE 1511  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

KESHEN, NELSON C.  
9155 SOUTH DADELAND BLVD  
SUITE 1718  
MIAMI, FL 33156 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:

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCDERMOTT, DENNIS  
Address: 6535 NW 84 AVENUE  
City-St-Zip: MIAMI, FL 33166

Title: D  
Name: LASTRE, HECTOR  
Address: 8378 NW 66TH STREET  
City-St-Zip: MIAMI, FL 33166

Title: TD  
Name: MCDERMOTT, TIM  
Address: 6535 NW 84TH AVE.  
City-St-Zip: MIAMI, FL 33166

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: DENNIS MCDERMOTT

PRES

01/04/2010

Electronic Signature of Signing Officer or Director

Date