2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000939

FILED Sep 12, 2008 Secretary of State

Entity Name: GABLES ON THE GREEN CONDOMINIUM EAST ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 626 CORAL WAY CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 7700 NORTH KENDALL DRIVE PH-2 MIAMI, FL 33156 FEI Number: 82-0549664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLAZER & ASSOCIATES, P.A CADICORP MANAGEMENT GROUP 1920 EAST HALLANDALÉ BCH BLVD. 7700 NORTH KENDALL DRIVE HALLANDALE, FL 33009 SUITE 802 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: CADICORP MANAGEMENT GROUP 09/12/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ESSEN, RICHARD Name: Name: Address: 626 CORAL WAY Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SUSAN, BECKER Name: Address: 626 CORAL WAY Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: DS () Delete Title: DS (X) Change () Addition MARSHALL, GLASSER Name: CARL, ZWERNER Name: Address: 626 CORAL WAY Address: 626 CORAL WAY City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD ESSEN PD 09/12/2008