

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000939

FILED
Apr 15, 2009
Secretary of State

Entity Name: GABLES ON THE GREEN CONDOMINIUM EAST ASSOCIATION, INC.

Current Principal Place of Business:

626 CORAL WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

7700 NORTH KENDALL DRIVE
PH-2
MIAMI, FL 33156

New Mailing Address:

7700 NORTH KENDALL DRIVE
PH-802
MIAMI, FL 33156

FEI Number: 82-0549664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
SUITE 802
MIAMI, FL 33156 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: DP () Delete
Name: ESSEN, RICHARD
Address: 626 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DT () Delete
Name: SUSAN, BECKER
Address: 626 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: CARL, ZWERNER
Address: 626 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BECKER, SUSAN
Address: 626 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP (X) Change () Addition
Name: HUERTA, OLGA N
Address: 626 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DST (X) Change () Addition
Name: WEISSEL, JUDITH
Address: 626 CORAL WAY
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: SUSAN BECKER

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date