

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Sep 04, 2007  
Secretary of State**

DOCUMENT# N02000000942

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

**Current Principal Place of Business:**

626 CORAL WAY  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

7154-B SOUTH WEST 47TH STREET  
MIAMI, FL 33155

**New Mailing Address:**

7700  
NORTH KENDALL DRIVE # 802  
MIAMI, FL 33156

**FEI Number:** 16-1624000      **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:**

GLAZER & ASSOCIATES, P.A.  
1920 EAST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009      US

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

CADICORP MANAGEMENT  
7700 NORTH KENDALL DR # 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

09/04/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DAVID, RASKOSKY  
Address: 626 CORAL WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPT      ( ) Delete  
Name: GUILLERMO, MARTINEZ  
Address: 626 CORAL WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: SD      ( ) Delete  
Name: JUDITH, FRIEDMAN  
Address: 626 CORAL WAY  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID RASKOSKY

PD

09/04/2007

Electronic Signature of Signing Officer or Director

Date