

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jul 20, 2011  
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:**7700 NORTH KENDALL DRIVE  
SUITE PH-802  
MIAMI, FL 33156**New Mailing Address:**7700 NORTH KENDALL DRIVE  
SUITE 501  
MIAMI, FL 33156**FEI Number:** 16-1624000**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CADICORP MANAGEMENT  
7700 NORTH KENDALL DR # 802  
MIAMI, FL 33156 US**Name and Address of New Registered Agent:**CADICORP MANAGEMENT  
7700 NORTH KENDALL DR # 501  
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:

07/20/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** DP  
**Name:** FRIEDMAN, JUDITH  
**Address:** 626 CORAL WAY  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** DVPS  
**Name:** EDWARD, MARTINO  
**Address:** 626 CORAL WAY  
**City-St-Zip:** CORAL GABLES, FL 33134**Title:** DS  
**Name:** AMIGLIO, NANCY  
**Address:** 626 CORAL WAY  
**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: CADICORP MANAGEMENT

RE

07/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date