

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2009
Secretary of State**

DOCUMENT# N03000010242

Entity Name: GABLES VIEW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1627 SW 37 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1627 SW 37 AVE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-0555114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REHR, MICHAEL E ESQ.
9500 S. DADELAND BLVD.
SUITE 550
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: P () Delete
Name: CERVERA, RICHARD
Address: 1627 SW 37 AVE #1106
City-St-Zip: MIAMI, FL 33145

Title: V () Delete
Name: MEDINA-ROSA, JOEL
Address: 1627 SW 37 AVE #1105
City-St-Zip: MIAMI, FL 33145

Title: T () Delete
Name: BERNARDO, NAVARRO
Address: 1627 SW 37 AVE #800
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEDINA-ROSA, JOEL
Address: 1627 SW 37 AVE #1105
City-St-Zip: MIAMI, FL 33145

Title: V (X) Change () Addition
Name: ACERO, MARIA J
Address: 1627 SW 37 AVE #607
City-St-Zip: MIAMI, FL 33145

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: JOEL MEDINA-ROSA

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date