

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011060

FILED  
Jun 11, 2008  
Secretary of State

**Entity Name:** EAST GABLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2100 CORAL WAY, SUITE 602  
MIAMI, FL 33145

**New Principal Place of Business:**

2999 NE 191 ST  
SUITE 905  
AVENTURA, FL 33180

**Current Mailing Address:**

2100 CORAL WAY, SUITE 602  
MIAMI, FL 33145

**New Mailing Address:**

2999 NE 191 ST  
SUITE 905  
AVENTURA, FL 33180

**FEI Number:** 32-0201779      **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:**

AVELLAN, LILIANA V ESQ.  
3301 PONCE DE LEON BLVD, SUITE 200  
CORAL GABLES, FL 33134 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: DPT ( ) Delete  
Name: SEGEV, URI  
Address: 2100 CORAL WAY, SUITE 602  
City-St-Zip: MIAMI, FL 33145

Title: DSV ( ) Delete  
Name: BELLO, MIGUEL  
Address: 175 FOUNTAINBLUE BLVD, STE 1R  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: BEN-AMRAM, YORAM  
Address: 2100 CORAL WAY, SUITE 602  
City-St-Zip: MIAMI, FL 33145

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

Title: DPT (X) Change ( ) Addition  
Name: SEGEV, URI  
Address: 2999 NE 191 ST SUITE 905  
City-St-Zip: AVENTURA, FL 33180

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

Title: D (X) Change ( ) Addition  
Name: BEN-AMRAM, YORAM  
Address: 2999 NE 191 ST SUITE 905  
City-St-Zip: AVENTURA, FL 33180

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: URI SEGEV

DPT

06/11/2008

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

\_\_\_\_\_  
Date