2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N06000011060

Entity Name: EAST GABLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O URI SEGEV
3330 NE 190 ST, 1010
AVENTURA, FL 33180

New Principal Place of Business:

3330 NE 190 ST
1010
AVENTURA, FL 33180

Current Mailing Address:

C/O URI SEGEV
3330 NE 190 ST, 1010
AVENTURA, FL 33180

New Mailing Address:

3330 NE 190 ST
1010
AVENTURA, FL 33180

FEI Number: 32-0201779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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: 3330 NE 190 ST 1010
City-St-Zip: AVENTURA, FL 33180

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: 3330 NE 190 ST, 1010
City-St-Zip: AVENTURA, FL 33180

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: URI SEGEV DPT 01/23/2009

Electronic Signature of Signing Officer or Director — Date