

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007806

FILED
Jun 05, 2009
Secretary of State

Entity Name: PARKVIEW BY THE GABLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

322 COSTA BRAVA COURT
CORAL GABLES, FL 33143

New Principal Place of Business:

Current Mailing Address:

322 COSTA BRAVA COURT
CORAL GABLES, F; 33143

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

HERNANDEZ, HECTOR ESQ.
2850 DOUGLAS ROAD
PENTHOUSE SUITE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALEJANDRO, ANTON
322 COSTA BRAVA CT.
CORAL GABLES, FL 33143 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: ALEJANDRO ANTON

06/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANTON, ALEJANDRO
Address: 322 COSTA BRAVA COURT
City-St-Zip: CORAL GABLES, F; 33143

Title: D () Delete
Name: ANTON, BEATRIZ
Address: 322 COSTA BRAVA COURT
City-St-Zip: CORAL GABLES, F; 33143

Title: D (X) Delete
Name: VALDES, MERCY
Address: 322 COSTA BRAVA COURT
City-St-Zip: CORAL GABLES, F; 33143

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: ALEJANDRO ANTON

MGRM

06/05/2009

Electronic Signature of Signing Officer or Director

Date