

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gables Waterway Townhomes Condominium Associa
Name of Corporation

DOCUMENT NUMBER: N07000008788

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

JOSE L. BALOYRA
Name of Contact Person

JOSE L. BALOYRA, PA
Firm/Company

5835 BLUE LAGOON DR SUITE 302
Address

MIAMI, FLORIDA 33126
City/State and Zip Code

JBALOYRA@BALOYRALAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE L. BALOYRA at (305) 442-4142
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GABLES WATERWAY TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: _____

3. The mailing address (if different): 4807 UNIVERSITY DRIVE
CORAL GABLES, FL 33134

4. Date of incorporation/qualification: 09/06/2007 Document number: N07000008788

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GILBERT A. CONTRERAS
4000 PONCE DE LEON BLVD, SUITE 400
CORAL GABLES, FLORIDA 33146

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 13 AM 11:01

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOSE L. BALOYRA
5835 BLUE LAGOON DR SUITE 302
P.O. Box NOT acceptable
MIAMI, FLORIDA 33126

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] by JOSE L BALOYRA, AIF
Signature of an officer or director

RALPH MORERA
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

AUGUST 5, 2009
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314