

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:47
SECRETARY OF STAT.
TALLAHASSEE, FLORIDA

DOCUMENT # **N07022 (9)**
1. Corporation Name
GABLES POINT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O J&M CONDO MGMT., INC. **C/O J&M CONDO MGMT., INC.**
221 S.W. 22ND AVE. #219 **221 S.W. 22ND AVE. #219**
MIAMI FL 33135 **MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **01/09/1985** 3a. Date of Last Report **06/28/1994**
4. FEI Number **59-2600784** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
NESTOR ALVAREZ, ATTY
221 SW 22ND AVE #200
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	CARRERA, DANIEL
STREET ADDRESS	4530 SW 68TH CT CIR #2
CITY-ST-ZIP	MIAMI FL
TITLE	PTD
NAME	LOPEZ, FRANCOIS
STREET ADDRESS	4540 SW 68 CT CR #1
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	SPLAIN, JOANIE
STREET ADDRESS	4520 SW 68TH CT. CR. #10
CITY-ST-ZIP	MIAMI FL
TITLE	PT
NAME	LOPEZ, FRANK
STREET ADDRESS	4540 SW 68 COURT CIRCLE, #1
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	LICEA, ROSA
STREET ADDRESS	4510 SW 68 COURT CIRCLE, #1
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lopez, Frank
1.3 STREET ADDRESS	4540 S.W. 68th Cir. #1
1.4 CITY-ST-ZIP	MIAMI, FL. 33135
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR