

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **01/09/1985** 3a. Date of Last Report: **02/28/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 29 Country: 30

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 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LOPEZ, FRANK	
STREET ADDRESS	4540 SW 68 CT CIRCLE #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LOPEZ, FRANCOIS	
STREET ADDRESS	4540 SW 68 CT CR #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SPLAIN, JOANIE	
STREET ADDRESS	4520 SW 68TH CT. CR. #10	
CITY-ST-ZIP	MIAMI FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	LOPEZ, FRANK	
STREET ADDRESS	4540 SW 68 COURT CIRCLE, #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LICEA, ROSA	
STREET ADDRESS	4510 SW 68 COURT CIRCLE, #1	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Feb 29** **643-5711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)