

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

93 AUG 31 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # NO7022**

1. Corporation Name

**GABLES POINT I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O MIAMI MANAGEMENT, INC.  
14275 SW 142 Avenue  
Miami Florida 33186**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

01/09/1985

22 City & State

27 City & State

4. FEI Number 59-2600784

Applied For  
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Carlos A. Triay, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable) **999 Ponce de Leon Blvd., Suite #1110**  
83 **Coral Gables, FL 33146**  
84 City **FL** 85 Zip Code

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
**7/28/99.**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD**  DELETE  
NAME **LOPEZ, FRANK**  
STREET ADDRESS **5000 SW 72 Avenue**  
CITY-ST-ZIP **Miami FL 33155**

1.1 TITLE **PD**  Change  Addition  
1.2 NAME **MERINO, MARIA E.**  
1.3 STREET ADDRESS **4575 SW 68 CT. CIR, #8**  
1.4 CITY-ST-ZIP **Miami FL 33155**

TITLE **SD**  DELETE  
NAME **SPLAIN, JOANIE**  
STREET ADDRESS **4520 SW 68 CT. CIR., #10**  
CITY-ST-ZIP **Miami FL 33155**

2.1 TITLE **VPD**  Change  Addition  
2.2 NAME **MARINO, LUIS G.**  
2.3 STREET ADDRESS **4570 SW 68 CT. CIR., #1**  
2.4 CITY-ST-ZIP **Miami FL 33155**

TITLE **D**  DELETE  
NAME **LICEA, ROSA**  
STREET ADDRESS **4510 SW 68 CT. CIR., #10**  
CITY-ST-ZIP **Miami FL 33155**

3.1 TITLE **STD**  Change  Addition  
3.2 NAME **LICEA, ROSA**  
3.3 STREET ADDRESS **4510 SW 68 CT. CIR., #4**  
3.4 CITY-ST-ZIP **Miami FL 33155**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME **800002977838--0**  
4.3 STREET ADDRESS **-09/03/99--01003--006**  
4.4 CITY-ST-ZIP **\*\*\*\*\*70 00 \*\*\*\*\*70 00**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARIA E. MERINO, PRESIDENT**

07/28/99 305-378-0130

Date Daytime Phone #

CR2E037 (1/198)