


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90298 004 ****61.25

DOCUMENT # N07022
 1. Entity Name
GABLES POINT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O CARIBBEAN PROPERTY MANAGMNT
 12301 SW 132 COURT
 MIAMI, FL 33186**

Mailing Address
**C/O CARIBBEAN PROPERTY MANAGMNT
 12301 SW 132 COURT
 MIAMI, FL 33186**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03302005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2600784 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**TRIAI, CARLOS A ESQ.
 10570 N.W. 27 ST., STE. 103
 MIAMI, FL 33172**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERINO, MARIA E 4575 SW 68 CT. CIR. #8 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LICEA, ROSA 4510 S.W. 68TH CT. CIR. #4 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	TURSIOS, Claudia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4540 SW 68th Circle # 8 Miami, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRD HERRERA, NANCY 4510 SW 68 CT CIR #5 MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Man Elena President** 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #