


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07022

1. Entity Name
GABLES POINT I CONDOMINIUM ASSOCIATION, INC.



FILED
 06 OCT 27 PM 1:21/24/06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business
4530 SW 68 CT #7
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 557906
 Suite, Apt. #, etc.

07242006 Chg-NP CR2E037 (4/06) 06

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
59-2600784

Applied For
 Not Applicable

Zip
33155

Country
USA

Zip
33255

Country
USA

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
Sabrina Chassagne

Street Address (P.O. Box Number is Not Acceptable)
One NE 2nd Ave #208

City
Miami

FL Zip Code
33132

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 **Sabrina Chassagne** DATE **10/25/06**

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 September 6, 2006

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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frank Figarola 4530 SW 68 CT #7 MIAMI, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURSIOS, CLAUDIA 4540 SW 68CT CIRCLE #8 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Susanna Mestre 4510 SW 68 CT. CIR. #1 MIAMI, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERRERA, NANCY 4510 SW 68 CT CIR #5 MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT/D Lourdes Garcia 4550 SW 68 CTCIR #7 MIA, FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700080572857 10/06/06--01047--008 **\$61.25 <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	700090572957 11/03/06--01035--009 **\$175.00 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Frank Figarola** DATE **10/11/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR