


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90001 016 \*\*\*\*61.25

<b>DOCUMENT # N07022</b>			
1. Entity Name GABLES POINT I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4530 SW 68 CT. #7 MIAMI, FL 33155		Mailing Address C/O PROPERTY MANAGEMENT SERVICES 8299 CORAL WAY MIAMI, FL 33255	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Professional</i> <i>40: Summit Management</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>7456 SW 48 street</i>	
City & State		City & State <i>miami, FL</i>	
Zip		Zip <i>33155</i>	
Country		Country <i>USA</i>	
4. FEI Number 59-2600784		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CHASSAGNE, SABRINA ONE NE 2ND AVE #208 MIAMI, FL 33132		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 FIGAROLA, FRANK 4530 SW 68 CT. #7 MIAMI, FL <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 GARCIA, LOURDES 4550 SW 68 CT CIR #7 MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>COROLINA SANTALLA</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>4540 S.W. 68 COURT CIRCLE #10</i> <i>MIAMI, FLORIDA 33155</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTES, MARITZA 4550 SW 68 COURT CIR # 3 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
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
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: <i>maritza montes</i>		Date: <i>9-1-2008</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	