

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08251

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: GABLES POINT II CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

C/O CARIBBEAN PROPERTY MANAGMENT  
12301 SW 132 COURT  
MIAMI, FL 33186 US

## New Principal Place of Business:

11831 SW 179 TERRACE  
MIAMI, FL 33177 US

## Current Mailing Address:

C/O CARIBBEAN PROPERTY MANAGMENT  
12301 SW 132 COURT  
MIAMI, FL 33186 US

## New Mailing Address:

PO BOX 56-0925  
PINECREST, FL 33156 US

FEI Number: 59-2607324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALPERN RODRIGUEZ,LLP  
800 DOUGLAS RD  
SUITE 880  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GLASSFORD, DALE C P.A.  
12928 SW 133 CT.  
SUITE A  
MIAMI, FL 33186 US

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.

SIGNATURE: DALE C. GLASSFORD

04/09/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BEATRIZ, COSCULLUELA  
Address: 4535 SW 68TH CT SUITE 4  
City-St-Zip: MIAMI, FL 33155

Title: S ( ) Delete  
Name: BANOS, MARIA  
Address: 6820 SW 45TH LN SUITE 3  
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete  
Name: HUGHES, MARY  
Address: 6820 SW 45TH LN SUITE 6  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HUGHES, MARY  
Address: 6820 SW 45 LANE  
City-St-Zip: MIAMI, FL 33155

Title: VP/T (X) Change ( ) Addition  
Name: BARROS, MARIA  
Address: 6820 SW 45TH LANE  
City-St-Zip: MIAMI, FL 33155

Title: S (X) Change ( ) Addition  
Name: SANTA MARIA, LUCIA  
Address: 6800 SW 45 LANE  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN ADAMS

CAM

04/09/2009

Electronic Signature of Signing Officer or Director

Date