FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13073

(4)

GABLES POINT III CONDOMINIUM ASSOCIATION, INC.

FILED Feb 14 1996 8:00 am Secretary of State

(1264) 61 681	 AB141 18888	tiet Eifen Grat	. 61811 6181	

Principal Plac	ce of Business	Mailing Address		r ibdiniði aði hiddi tílli dálkf sáðdí.	orst Arfatt Arbut Arans Albit Brait Bsbit fáði	
C/O MIAMI MANAGEMENT. INC C/O MIAMI MANAGEMENT						
	142ND AVENUE	14275 SW 142ND AVENU MIAMI FL 33186	E			
MIAMI FL 33186 US		US			3a. Date of Last Report 03/09/1995	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		Applied For	
21		26			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		— ·	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
23	Country		28		Added to Fees	
Ζιρ 24	Country 25	Zip 29	Country	8. This corporation has liability for intagglible tax under s. 199.032, Florida Statutes		
9. Name and Address of Current Regi			30	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
			81 Name	TO. TOURS AND PROPERTY OF THE PROPERTY OF	Bistolen Wildlift	
TDIAV	CADIOS					
TRIAY, CARLOS			82 Street Ac	ldress (P.O. Box Number is Not Acceptable	e)	
999 PONCE DE LEON BLVD STE 1110			63			
CORAL GABLES FL 33134						
00104	CADELOTE GOTO		84 City		FL 85 Zip Code	
11. Pursuant	t to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	the above-named corp	oration submits this statement for the purp	ose of changing its registered office	
tamiliar v	with, and accept the obligations of, Se	onda. Such change was authorized action 617.0503, Florida Statutes.	by the corporation's bo	pard of directors. Thereby accept the appoin	ntment as registered agent. I am	
SIGNATURE	The state of the s					
12.	Signature, typed or printed name of registered as OFFICERS A	PRESIDENT OF TRANSPORTED IN THE NAME OF TH	Registered Agent signature requi	ind when renaturing. ADD:TIONS/CHANGES TO OFFIC	DATE OF RIS AND DIRECTORS IN 12	
TITLE	STD	DELETE	11 TiTLE		Change Add tion	
NAME	CORREA, RAUL L		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY - ST - ZIP			
TITLE	VPD	DELETE	2 1 TIFLE		Change Addition	
NAME	SORDO, CESAR		2.2 NAME			
STREET ADDRESS	6840 SW 45 LN #9		2 3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155		2 4 CITY - ST - ZIP			
TITLE	PD	DELETE	3 1 TITLE		Change Addition	
NAME	ALONSO, MARIA		3.2 NAME			
STREET ADDRESS	1 00.0 0 10 0 20		3 3 STREET ADDRESS			
CiTY - ST - Z!P	MIAMI FL 33155	Cocrete	3.4. CITY - ST-ZIP			
TITLE		DELETE	41 MILE		☐ Change ☐ Addition	
NAME CIRCUI ADODOSC			4 2 NAME			
STREET ADDRESS	`		4.3 STREET ADDRESS			
CITY - ST - ZIP TITLE		DEFFE	4 4 CHY - ST - ZIP 5 1 TITLE		Change C Addition	
NAME		precit			Change Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP						
Title		DELETE	54 CITY - ST - ZIP 61 TITLE		Change Addition	
NAME			6.2 NAME		Change Recinion	
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - ST - ZIP			6 4 CrTY-ST-ZiP			
	aby certify that the information evonlis	d with the filing is unfuntarily furnish		for the promotion stated in Cast 4:00	70.01 51-11-01-11-11-11-11-11-11-11-11-11-11-11	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

2. / 96 (305) 3780130

Daylune Phone |