

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N13073

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



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

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

2. Principal Place of Business
One NE 2nd Avenue

3. Mailing Address
P.O. BOX 145156

City & State
Miami, FL

City & State
Coral Gables, FL

Zip
33132

Country
USA

Zip
33114

Country
USA

FILED
06 OCT 27 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09072006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-2629077

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**TRIAY, CARLOS
999 PONCE-DE LEON BLVD
STE 1110
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
Name
Sabrina Chassagne
Street Address (P.O. Box Number is Not Acceptable)
One NE 2nd Avenue, #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 **9/7/06**

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ARUZOLA, CARMEN	4580 SW 68 CT. CR #10	MIAMI, FL 33155	<input checked="" type="checkbox"/>
T	LANE, CAROL	4590 SW 68 CT CIR. #5	MIAMI, FL 33155	<input checked="" type="checkbox"/>
S	FERRIELL, DEXTER	6835 SW 45 LANE #1	MIAMI, FL 33155	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President/Director	Daniel Flugrath	4590 SW 68 Court Circle, #3	Miami, FL 33155	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer/Director	Beatriz Coscolluela	600 Biltmore Way #504	Coral Gables, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary/Director	Sabrina Chassagne	One NE 2nd Avenue, #208	Miami, FL 33132	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 lines empowered.

SIGNATURE: **Sabrina Chassagne** DATE **9/1/06** (305) 358-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR