


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N13073**  
 1. Entity Name  
**GABLES POINT III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**ONE NE 2ND AVENUE**      **P.O. BOX 145156**  
**MIAMI, FL 33132 US**      **CORAL GABLES, FL 33114**

**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-2629077</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent  
**CHASSAGNE, SABRINA**  
**ONE NE 2ND AVENUE**  
**#208**  
**MIAMI, FL 33132**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUGRATH, DANIEL 4590 SW 68 CT. CR #3 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COSCULLUELA, BEATRIZ 600 BILTMORE WAY #504 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHASSAGNE, SABRINA ONE NE 2ND AVENUE #208 MIAMI, FL 33132
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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 fees empowered.

SIGNATURE: *Sabrina Chassagne*      Sabrina Chassagne, Secretary      1/29/07      305 388 0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #