2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N13073

Entity Name: GABLES POINT III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ONE NE 2ND AVENUE
MIAMI, FL 33132 US

New Principal Place of Business:

11831 SW 179 TERR.
MIAMI, FL 33177 US

Current Mailing Address:

C/O PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

ADAMS & ASSOCIATES PREMIER MANAGEMENT
PO BOX 56-0925
PINECREST, FL 33156

FEI Number: 59-2629077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHASSAGNE, SABRINA
ONE NE 2ND AVENUE
#208
MIAMI, FL 33132 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 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FLUGRATH, DANIEL
Address: 4590 SW 68 CT. CR #3
City-St-Zip: MIAMI, FL 33155

Title: PD ( ) Delete
Name: COSCULLUELA, BEATRIZ
Address: 600 BILTMORE WAY #504
City-St-Zip: CORAL GABLES, FL 33134

Title: SD ( ) Delete
Name: CHASSAGNE, SABRINA
Address: ONE NE 2ND AVENUE #208
City-St-Zip: MIAMI, FL 33132 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COSCULLUELA, BEATRIZ
Address: 600 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: VP/S (X) Change ( ) Addition
Name: CHASSAGNE, SABRINA
Address: 6835 SW 45 LN
City-St-Zip: MIAMI, FL 33155

Title: T (X) Change ( ) Addition
Name: FLUGRATH, DAN
Address: 4590 SW 68 CT. CIR
City-St-Zip: MIAMI, FL 33155 US

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 04/21/2009
Electronic Signature of Signing Officer or Director Date