


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90122 010 \*\*\*\*61.25

0034047

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N20413</b>					
1. Corporation Name <b>THE GABLES I TOWNHOMES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O GUARANTEE MANAGEMENT SERVICES, INC. 111 FONTAINEBLEAU BLVD. MIAMI FL 33172</b>			Mailing Address <b>C/O GUARANTEE MANAGEMENT SERVICES, INC. 111 FONTAINEBLEAU BLVD. MIAMI FL 33172</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>04/30/1987</b>	
				4. FEI Number <b>59-1531464</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>SACK, PAUL E 757 41ST STREET MIAMI BCH. FL 33140</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARANZAEZ, CARLOS			1.2 NAME			
STREET ADDRESS	375 NW 85TH PLACE STE 3			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KUDER, NICK			2.2 NAME	Hector del Sol		
STREET ADDRESS	375 N.W. 85 PLACE, #1			2.3 STREET ADDRESS	365 NW 85 Court #08		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	Miami, Florida 33126		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTA, ENRIQUE			3.2 NAME			
STREET ADDRESS	375 NW 85TH PLACE, #6			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTANA, ORESTES			4.2 NAME			
STREET ADDRESS	8570 NW 85TH PLACE #5			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JIMENEZ, JENNIE			5.2 NAME			
STREET ADDRESS	370 NW 85TH COURT #7			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)