


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90034 001 \*\*\*\*61.25

**DOCUMENT # N20413**

1. Entity Name  
**THE GABLES I TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**




Principal Place of Business  
**12301 SW 132 CT  
 MIAMI, FL 33186**

Mailing Address  
**12301 SW 132 CT  
 MIAMI, FL 33186**

**44012250**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1531464**

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

**6. Name and Address of Current Registered Agent**

**RUBIN, JONATHAN  
 536 BITTMORE WAY  
 CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

**Filing Fee is \$61.25 Due by May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPD	ARANZAEZ, CARLOS <input type="checkbox"/> Delete 375 NW 85TH PLACE STE 3 MIAMI, FL 33126	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	COSTA, ENRIQUE <input checked="" type="checkbox"/> Delete 570 NW 86TH CT MIAMI, FL 33126	TITLE T	ROBERTO FERNANDEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 375 NW 85 CT #7 MIAMI, FL 33126
TITLE SD	FERNANDEZ, ROBERTO <input type="checkbox"/> Delete 370 NW 85TH COURT #7 MIAMI, FL 33126	TITLE P	OLBIA MARTINEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 370 NW 85 CT #1 MIAMI, FL 33126
TITLE PD	MARTINEZ, OLBIA <input type="checkbox"/> Delete 370 NW 85TH COURT #1 MIAMI, FL 33126	TITLE D	LOURDES PUTONET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8570 NW 3 LN #3 MIAMI, FL 33126
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 like empowers.

**SIGNATURE:** \_\_\_\_\_

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