

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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

FILED
04 AUG 31 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-1531464

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, JONATHAN
536 BITTMOORE WAY
CORAL GABLES, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	VPD	<input type="checkbox"/> Delete
NAME	ARANZAEZ, CARLOS	
STREET ADDRESS	375 NW 85TH PLACE STE 3	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUTONET, LOURDES	
STREET ADDRESS	8570 NW 3 LN # 3	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ROBERTO	
STREET ADDRESS	375 NW 85 CT # 7	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, OLBIA	
STREET ADDRESS	370 NW 85TH COURT #1	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aranzuez, Carlos	
STREET ADDRESS	375 NW 85th Pl Ste 3	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes, Pontinas	
STREET ADDRESS	8570 NW 3LN #3	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joschuis, Ramos	
STREET ADDRESS	365 NW 85 CT #11	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #