

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 10, 2012
Secretary of State

DOCUMENT# N27833

Entity Name: GABLES LAROC CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**441 VALENCIA AVE
CORAL GABLES, FL 33134 US**New Principal Place of Business:****Current Mailing Address:**7700 NORTH KENDALL DRIVE
SUITE 501
MIAMI, FL 33156 US**New Mailing Address:****FEI Number:** 65-0105755 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
SUITE 501
MIAMI, FL 33156 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GIL, MARIA DE LOS ANGELES
Address: 441 VALENCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP
Name: REISERT, MILFORD A
Address: 441 VALENCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD
Name: MANZARBEITIA, MARTA P
Address: 441 VALENCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: STERNBERG, ELAINE
Address: 441 VALENCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD
Name: ANDERSON, SYDNEY P
Address: 441 VALENCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MARIA GIL

PD

12/10/2012

Electronic Signature of Signing Officer or Director

Date