


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N28693 1. Entity Name GABLES SOUTH CONDOMINIUM ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 5750 TURIN STREET CORAL GABLES FL 33146 | Mailing Address 5750 TURIN STREET CORAL GABLES FL 33146 |
|---|---|

| | | |
|--------------------------------|---------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |



1st MOORE CR2E037 (10/04)

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|------------------------------------|--|
| 4. FEI Number 65-0239615 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**RAY, BARBARA
COLDWELL BANKER RES REAL ESTATE
12695 S. DIXIE HIGH WAY
MIAMI FL 33156**

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 re-instating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD TAMINDZIJA, SEBASTIAN <input type="checkbox"/> Delete 5750 TURIN ST #102 MIAMI FL 33146 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD ABREU, LIZA <input type="checkbox"/> Delete 5750 TURIN ST. #106 CORAL GABLES FL 33146 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHEPHERD, FRANK <input type="checkbox"/> Delete 5750 TURIN ST. #206 CORAL GABLES FL 33146 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD ROMANO, JULIAN <input type="checkbox"/> Delete 5750 TURIN ST. #201 CORAL GABLES FL 33146 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000224496 02/10/05-80090-007 61.25 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 empowered.

SIGNATURE: Barbara A Ray as Property Mgr. BARBARA RAY AS 1/31/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #