2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N36782

Entity Name: THE GABLES CONDOMINIUM AND CLUB ASSOCIATION, INC.

Current Principal Place of Business:

10 EDGEWATER DR
SUITE 6
CORAL GABLES, FL 33133

New Principal Place of Business:

Current Mailing Address:

10 EDGEWATER DR
SUITE 6
CORAL GABLES, FL 33133

New Mailing Address:

FEI Number: 65-0350623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAXBERG, GRAYSON, KUKOFF & SEGAL, P.A.
25 S.E. SECOND AVENUE
SUITE 730
MIAMI, FL 33131 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:	P	( ) Delete
Name:	STONE, ROBERT	
Address:	10 EDGEWATER DR	
City-St-Zip:	CORAL GABLES, FL 33133	
Title:	S	( ) Delete
Name:	COLE, TODD G	
Address:	10 EDGEWATER DR.	
City-St-Zip:	CORAL GABLES, FL 33133	
Title:	T	( ) Delete
Name:	RATZAN, JUDITH	
Address:	10 EDGEWATER DRIVE	
City-St-Zip:	CORAL GABLES, FL 33133	
Title:	DIR	( ) Delete
Name:	GOULD, CATHIE GOULD	
Address:	10 EDGEWATER DR	
City-St-Zip:	CORAL GABLES, FL 33133	
Title:	DIR	( ) Delete
Name:	FINK, RENEE B	
Address:	10 EDGEWATER DR	
City-St-Zip:	CORAL GABLES, FL 33133	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DIR	(X) Change ( ) Addition
Name:	KEON, PATRICIA	
Address:	60 EDGEWATER DR	
City-St-Zip:	CORAL GABLES, FL 33133	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HERNAN GEHR GM 03/26/2009
Electronic Signature of Signing Officer or Director — Date