2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90030 007 ****61.25

DOCUMENT # N43539

1. Entity Name

GABLE COURT TOWNHOMES CONDOMINIUM ASSOCIATION, I

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, INC. 14275 S.W. 142 AVENUE MIAMI FL 33186	C/O MIAMI MANAGEMENT, INC. 14275 S.W. 142 AVENUE MIAMI FL 33186-6715

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0328014 ☐ 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
TRIAY, CARLOS A 999 PONCE DE LEON BLVD. SUITE 1110 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TSD~~ CHOWNING, JOHN 261 NAVARRE AVENUE #102 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~SALEH, ANIS N~~ ~~261 NAVARRE AVENUE #306~~ ~~CORAL GABLES FL 33134~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD Terry Rohm 261 Navarre Ave #302 Coral Gables, FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FERNANDO, PORTUONDO 261 NAVARRE AVE #309 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED Fernando Portuondo, Vice President 1/25/00 (305) 567-995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #