

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90010 027 ****61.25

DOCUMENT # N43539 1. Entity Name GABLE COURT TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT, INC. 14275 S.W. 142 AVENUE MIAMI, FL 33186			Mailing Address C/O MIAMI MANAGEMENT, INC. 14275 S.W. 142 AVENUE MIAMI, FL 33186		
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		
TRIAI, 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		
10570 NW 27 ST SUITE 103 MIAMI, FL 33172					
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)					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUBEN, VALDINIA		NAME		
STREET ADDRESS	261 NAVARRE AVENUE #308		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ABRAHAM, JAMES		NAME		
STREET ADDRESS	261 NAVARRE AVE. #310		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FREUND, ENRIQUE		NAME		
STREET ADDRESS	261 NAVARRE AVE. #303		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEYMARIE, SERGIO		NAME		
STREET ADDRESS	261 NAVARRE AVE #305		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOPEZ, ROBERTO		NAME		
STREET ADDRESS	261 NAVARRE AVE #309		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	V D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Stone, Howard		NAME		
STREET ADDRESS	261 Navarre Ave. #205		STREET ADDRESS		
CITY-ST-ZIP	Coral Gables, FL 33134		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: _____ JAMES ABRAHAM, PRESIDENT 2/9/04 (505) 378-0130 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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