

N95000000358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

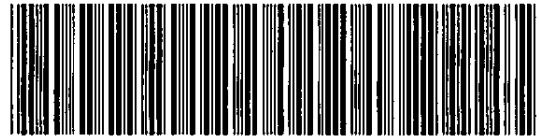
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 28 AM 10:56

Roberts SEP 29 2009



Refiled
9/23/09

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2009

DOUGLAS C. HILLER
ROBINSON & ASSOCIATES, P.A.
1501 VENEVA AVE STE 300
CORAL GABLES, FL 33146

AUG 28 9 07 AM
RECEIVED

SUBJECT: GABLES TERRACE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N95000000358

We have received your document for GABLES TERRACE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 809A00028596

RECEIVED
2009 SEP 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gables Terrace Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N95000000358

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas C. Hiller
Name of Contact Person

Robinson & Associates, P.A.
Firm/Company

1501 Venera Avenue Suite 300
Address

Coal Gables, Florida 33146
City/State and Zip Code

douge@robinsonlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas C. Hiller
Name of Contact Person

at (305) 742-3169
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Gables Terrace Condominium Association, Inc.
- 2. The principal office address: 2351 SW 37th Avenue
Miami FL, 33145
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 1/24/95 Document number: N95000000.358
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael E Rehr
9500 S Dadeland Blvd. STE 550
Miami FL 33156 US

FILED STATE
 SECRETARY OF CORPORATIONS
 DIVISION OF CORPORATIONS
 09 SEP 28 AM 10:56

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Douglas C. Hiller,
1501 Venera Avenue Suite 300
P.O. Box NOT acceptable
Coral Gables, Florida 33146

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Handwritten signature]

 Signature of an officer or director

PABLO LAU

 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Handwritten signature]

 Signature of Registered Agent

9/22/09

 Date

If signing on behalf of an entity:

 Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)