

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003894

FILED
Apr 23, 2004
Secretary of State**Entity Name:** GABLES PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**431 CORAL WAY
CORAL GABLES, FL 33134**New Principal Place of Business:****Current Mailing Address:**P O BOX 566171
PINECREST, FL 33256 US**New Mailing Address:**P O BOX 402507
MIAMI BEACH, FL 33140 US**FEI Number:** 65-0668327**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAYS, MARGARITA R
11900 SW 73 AVENUE
PINECREST, FL 33156 US**Name and Address of New Registered Agent:**COMPLETE PROPERTY MANAGEMENT
P O BOX 402507
MIAMI BEACH, FL 33140 US

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: DURAE GOFF

04/23/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: RUIZ, MARGARITA
Address: 451 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134**Title:** VPD () Delete
Name: BERISTAIN-MOREIRAS, ELIZABETH
Address: 475 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134**Title:** SD () Delete
Name: MOREL, JOHN
Address: 447 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134**Title:** D () Delete
Name: CENTRACCHIO, JANI
Address: 489 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134**Title:** TD () Delete
Name: PATINO, ANA LUCIA
Address: 443 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134**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:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANA LUCIA PATINO

TD

04/23/2004

Electronic Signature of Signing Officer or Director

Date