

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 PM 2:54

DOCUMENT # N95000003894

1. Entity Name
GABLES PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
431 CORAL WAY
CORAL GABLES, FL 33134

Mailing Address
P O BOX 402507
MIAMI BEACH, FL 33140 US

REINSTATEMENT 65-66



02152006 REIN-NP CR2E099 (11/05)

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
65-0668327

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

COMPLETE PROPERTY MANAGEMENT
P O BOX 402507
MIAMI BEACH, FL 33140

Name Ana Lucia Patino

Street Address (P.O. Box Number is Not Acceptable)
443 Coral Way

City Coral Gables

FL

Zip Code 33134

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

Ana Lucia Patino

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/16/06

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, MARGARITA	
STREET ADDRESS	451 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BERISTAIN-MOREIRAS, ELIZABETH	
STREET ADDRESS	475 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MOREL, JOHN	
STREET ADDRESS	447 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CENTRACCHIO, JANI	
STREET ADDRESS	489 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PATINO, ANA LUCIA	
STREET ADDRESS	443 CORAL WAY	
CITY-ST-ZIP	CORAL GABLES, FL 33134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Royes, Carolyn	
STREET ADDRESS	447 Coral Way	
CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400066686734	
CITY-ST-ZIP	02/27/06--01013--002 **131.25	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elkin, Karen	
STREET ADDRESS	463 Coral Way	
CITY-ST-ZIP	Coral Gables, FL 33134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ana Lucia Patino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2006 305-449-7799

Date

Daytime Phone #