

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003894

FILED
Mar 19, 2009
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:

427 - 499 CORAL WAY
CORAL GABLES, FL 33134

Current Mailing Address:

C/O CPM CORP
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149 US

New Mailing Address:

C/O CPM CORP
1801 CORAL WAY #305
MIAMI, FL 33145 US

FEI Number: 65-0668327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C/O C.P.M. CORPORATION
170 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

C/O C.P.M. CORPORATION
1801 CORAL WAY #305
MIAMI, FL 33145 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:

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SANDOVAL, ANDRES
Address: 459 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: ELKIN, KAREN
Address: 463 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FLYNT, JOHN
Address: 489 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: LOWE, RICARDO
Address: 455 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: BARISTAIN, ELIZABETH
Address: 475 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLYNT, JOHN
Address: 489 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: PD (X) Change () Addition
Name: ELKIN, KAREN
Address: 463 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: SD (X) Change () Addition
Name: FANO, SHELLY
Address: 467 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BARISTAIN, ELIZABETH
Address: 475 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALBERTO COHEN

RA

03/19/2009

Electronic Signature of Signing Officer or Director

Date