

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # N98000000037

1. Entity Name
GABRIELLA CONDOMINIUM NORTH ASSOCIATION, INC.



08 APR 28 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7-29 85



Principal Place of Business
900 W 49 ST
STE. 220
HIALEAH, FL 33012 US

Mailing Address
900 W 49 ST
ST 220
HIALEAH, FL 33012 US

2. Principal Place of Business - No P.O. Box #
6801 NW 77 AVE

3. Mailing Address
6801 NW 77 AVE

Suite, Apt. #, etc. **205**

Suite, Apt. #, etc. **205**

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country

Zip
33166

Country

07212008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0898760

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DELATORRE, CLEMENTE J
900 W 49 ST
STE 220
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
Name **RENOVATIONS PROPERTY MANAGEMENT**
Street Address (P.O. Box Number is Not Acceptable)
6801 NW 77 AVE #205
City **MIAMI** FL Zip Code **33166**

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 **Raul A. Alarcon** DATE **7/24/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALCOLEA, ISRAEL 900 W 49 ST STE 220 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARRAZCAETA, MARIA 6801 NW 77 AVE #205 MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, TITO 900 W 49 ST STE 220 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Oswaldo ARRAZCAETA 6801 NW 77 AVE #205 MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ARRAZCAETA MARIA** DATE: **7-22-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR