2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000037

FILED Mar 02, 2009 Secretary of State

Entity Name: GABRIELLA CONDOMINIUM NORTH ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
6801 NW 1 205	77 AVE			
MIAMI, FL	33166 US			
Current Mailing Address:		New Mailing Addres	s:	
6801 NW 1 205	77 AVE			
MIAMI, FL	33166 US			
FEI Number	: 65-0898760	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address of New Registered Agent:	
RENOVA 6801 NW 205		ERTY MANAGEMENT, LLC		
	00100 110			
IVIIAIVII, FL	33166 US			
The above		submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
The above in the State	e named entity e of Florida. RE:	submits this statement for the nic Signature of Registered Ag		d office or registered agent, or both, Date
The above in the State SIGNATU	e named entity e of Florida. RE:	nic Signature of Registered Ag	gent	
The above in the Status SIGNATUIN OFFICER Title: Name: Address:	e named entity e of Florida. RE:Electron	nic Signature of Registered Ag TORS:) Delete MARIA VE, 205	gent	Date
The above in the State SIGNATU	e named entity e of Florida. RE: Electron S AND DIREC P (ARRAZCAETA, 6801 NW 77 A' MIAMI, FL 331	nic Signature of Registered Age FTORS:) Delete MARIA VE, 205 66 US) Delete OSUALDO VE, 205	pent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: MARIA ARRAZCAETA P 03/02/2009