

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720529 (7)

1. Corporation Name
GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business: **6901 EDGEWATER DRIVE CORAL GABLES FL 33133**
 Mailing Address: **6901 EDGEWATER DRIVE CORAL GABLES FL 33133 US**

3. Date Incorporated or Qualified: **03/17/1971**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1991021	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CACICEDU, RAMON R JR
 275 FONTAINEBLEAU BLVD
 SUITE 195
 MIAMI FL 33172**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALCUTT, THOMAS	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENE, STANLEY	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRISPIN, KAREN	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRISON, REGINA	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ISTEL, KENNETH	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASON, NICK	
STREET ADDRESS	6901 EDGEWATER DR	
CITY-ST-ZIP	CORAL GABLES, FL 00000	

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Normal Walcott	
1.3 STREET ADDRESS	6901 Edgewater Dr.	
1.4 CITY-ST-ZIP	Coral Gables FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D.V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Crispin, Karen	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Harrison, Regina	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Regina D. Harrison* **6-3-96** **305-666-6840**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Regina D. Harrison, Pres

CR2E037 (3/96)