


FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720529** (7)

1. Corporation Name

GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US	6901 E EDGEWATER DR CONDO MAIL BOX CORAL GABLES FL 33133 US

3. Date Incorporated or Qualified	03/17/1971
4. FEI Number	59-1991021
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
30	

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CACICED, RAMON R JR 6505 BLUE LAGOON DR SUITE 250 MIAMI FL 33126	

10. Name and Address of New Registered Agent	
81 Name	KENNETH ISTEEL
82 Street Address (P.O. Box Number is Not Acceptable)	6901 E. EDGEWATER DR.
83 APT. 323	
84 City	CORAL GABLES
85 Zip Code	FL 33133

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 Kenneth Steel DATE 1/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DPRES.
NAME	NORMA WALCOTT	1.2 NAME	MARY HEILIG-COLE
STREET ADDRESS	6901 EDGEWATER DR.	1.3 STREET ADDRESS	6901 E. EDGEWATER DR.
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	D	2.1 TITLE	MICHAEL CURRAN
NAME	GREENE, STANLEY	2.2 NAME	6901 E. EDGEWATER DR.
STREET ADDRESS	6901 EDGEWATER DR	2.3 STREET ADDRESS	CORAL GABLES, FL 33133
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	3.1 TITLE	JAY KATZ
NAME	HARRISON, REGINA	3.2 NAME	6901 E. EDGEWATER DR.
STREET ADDRESS	6901 EDGEWATER DR	3.3 STREET ADDRESS	CORAL GABLES, FL 33133
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	ISTEEL, KENNETH	4.2 NAME	
STREET ADDRESS	6901 EDGEWATER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000 33133	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	MASON, NICK	5.2 NAME	
STREET ADDRESS	6901 EDGEWATER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME	MARY HEILIG-COLE	6.2 NAME	
STREET ADDRESS	6901 E. EDGEWATER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL.	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARY HEILIG-COLE DATE 1/20/98 305-667-8188

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