

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720529

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

6901 E EDGEWATER DR  
CORAL GABLES, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O C.P.M. CORP. 1801 CORAL WAY  
SUITE 305  
MIAMI, FL 33145 US

**New Mailing Address:**

**FEI Number:** 59-1991021      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CPM CORPORATION  
1801 CORAL WAY  
SUITE 305  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: WALCUTT, SUSAN  
Address: 6901 EDGEWATER DR. #322  
City-St-Zip: CORAL GABLES, FL 33133

Title: DTS  
Name: FRAZIER, DAVID  
Address: 6901 EDGEWATER DR #323  
City-St-Zip: CORAL GABLES, FL 33133

Title: D  
Name: CURRAN, MICHAEL  
Address: 6901 E EDGEWATER DR #318  
City-St-Zip: CORAL GABLES, FL 33133

Title: D  
Name: HEILIG, MARY A  
Address: 6901 EDGEWATER DR #312  
City-St-Zip: CORAL GABLES, FL 33133

Title: VPD  
Name: ISTEEL, KENNETH A  
Address: 6901 E EDGEWATER DR, #325  
City-St-Zip: CORAL GABLES, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: ALBERTO COHEN

RA

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date