

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720529

FILED
Mar 06, 2012
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: DT
Name: GUANCHEZ, BRIANA
Address: 6901 EDGEWATER DR.
City-St-Zip: CORAL GABLES, FL 33133

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

Title: DS
Name: KELLEY, PETER
Address: 6901 E EDGEWATER DR,
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

03/06/2012

Electronic Signature of Signing Officer or Director

Date