

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 720529

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

**Current Principal Place of Business:**

6901 E EDGEWATER DR  
CORAL GABLES, FL 33133

**Current Mailing Address:**

C/O SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.  
2800 BISCAYNE BLVD SUITE 310  
MIAMI, FL 33137 US

**FEI Number:** 59-1991021

**Certificate of Status Desired:** No

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

HABER LAW LLP  
251 NW 23 STREET  
MIAMI, FL 33127 US

*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:** REBECCA CASAMAYOR

08/21/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NIELSEN, ROBERT  
Address        C/O SOUTH FLORIDA CONDOMINIUM  
                  MANAGEMENT, INC.  
                  2800 BISCAYNE BLVD STE 310  
City-State-Zip: MIAMI FL 33137

Title            TREASURER  
Name            GUANCHEZ, BRIANA  
Address        C/O SOUTH FLORIDA CONDOMINIUM  
                  MANAGEMENT, INC.  
                  2800 BISCAYNE BLVD STE 310  
City-State-Zip: MIAMI FL 33137

Title            SECRETARY  
Name            FRISCH, PATRICK  
Address        C/O SOUTH FLORIDA CONDOMINIUM  
                  MANAGEMENT, INC.  
                  2800 BISCAYNE BLVD STE 310  
City-State-Zip: MIAMI FL 33137

Title            VP  
Name            MOURIZ, MIGUEL  
Address        C/O SOUTH FLORIDA CONDOMINIUM  
                  MANAGEMENT, INC.  
                  2800 BISCAYNE BLVD STE 310  
City-State-Zip: MIAMI FL 33137

Title            DIRECTOR  
Name            MACKLE, JOHN  
Address        C/O SOUTH FLORIDA CONDOMINIUM  
                  MANAGEMENT, INC.  
                  2800 BISCAYNE BLVD STE 310  
City-State-Zip: MIAMI FL 33137

*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:** NIELSEN, ROBERT

PRESIDENT

08/21/2025

Electronic Signature of Signing Officer/Director Detail

Date