

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720529

Entity Name: GABLES HARBOUR CONDOMINIUM APARTMENTS ASSOCIATION, INC.

FILED
Feb 07, 2025
Secretary of State
6548130264CC

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:

SKRLD, INC.
SKRLD, INC.
201 ALHAMBRA CIRCLE ELEVENTH FLOOR
CORAL GABLES, FL 33134 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: ROBERT NIELSEN

02/07/2025

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 FRISH, 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 GARCIA TOLEDO, RAFAEL
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

02/07/2025

Electronic Signature of Signing Officer/Director Detail

Date