

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749088

Entity Name: GABLES WATERWAY TOWERS ASSOCIATION, INC.**Current Principal Place of Business:**90 EDGEWATER DRIVE
CORAL GABLES, FL 33133**Current Mailing Address:**90 EDGEWATER DRIVE
CORAL GABLES, FL 33133 US**FEI Number:** 59-2015509**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
625 N. FLAGLER DRIVE
7TH FLOOR
WEST PALM BEACH, FL 33401 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	HOLY, BOGDAN M
Address	90 EDGEWATER DR. APT #PH 14
City-State-Zip:	CORAL GABLES FL 33133
Title	SECRETARY
Name	SMITH, ALVARO
Address	90 EDGEWATER DR. APT #826
City-State-Zip:	CORAL GABLES FL 33133
Title	TREASURER
Name	LUPIEN-MEREDITH, SUSAN
Address	90 EDGEWATER DRIVE APT #817
City-State-Zip:	CORAL GABLES FL 33133

Title	PRESIDENT
Name	STEIN, BERNARD D
Address	90 EDGEWATER DR. APT #904
City-State-Zip:	CORAL GABLES FL 33133
Title	VP
Name	REICH, LOURDES M
Address	90 EDGEWATER DRIVE APT #926
City-State-Zip:	CORAL GABLES FL 33133
Title	DIRECTOR
Name	ROTHSTEIN, PETER
Address	90 EDGEWATER DRIVE APT #908
City-State-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: LOURDES M. REICH**VICE-PRESIDENT****02/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date