2014 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: Yes

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	P	Title	S
Name	GLASSER, AARON	Name	FARBISH, SHELLIE G
Address	90 EDGEWATER DR. #PH-26	Address	90 EDGEWATER DR. #902
City-State-Zip:	CORAL GABLES FL 33133	City-State-Zip:	CORAL GABLES FL 33133
Title	D	Title	T
Name	JONES, ERIC	Name	HOLY, BOGDAN M
Address	90 EDGEWATER DR. #PH 27	Address	90 EDGEWATER DR. #PH 14
City-State-Zip:	CORAL GABLES FL 33133	City-State-Zip:	CORAL GABLES FL 33133
Title	VP	Title	DIRECTOR
Name	STEIN, BERNARD D	Name	SMITH, ALVARO
Address	90 EDGEWATER DR. #904	Address	90 EDGEWATER DR. # 826
City-State-Zip:	CORAL GABLES FL 33133	City-State-Zip:	CORAL GABLES FL 33133
Title	DIRECTOR		
Name	INFANTE, ANTOINETTE		
Address	90 EDGEWATER DR., #1125		
City-State-Zip:	CORAL GABLES FL 33131		

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: AARON GLASSER   PRESIDENT   01/27/2014

        Electronic Signature of Signing Officer/Director Detail   Date