Certificate of Status Desired: No	
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01/17/2020	
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Date	

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.

V

SIGNATURE: JOSE GOMEZ

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

1627 SW 37 AVE MIAMI, FL 33145

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: GABLES VIEW CONDOMINIUM ASSOCIATION, INC.

DOCUMENT# N03000010242

Jan 17, 2020 **Secretary of State** 5460829049CC

FILED

01/17/2020

Date