

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010242

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC3846542966**

**Entity Name:** GABLES VIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1627 SW 37 AVE  
MIAMI, FL 33145

**Current Mailing Address:**

1627 SW 37 AVE  
MIAMI, FL 33145

**FEI Number:** 20-0555114

**Certificate of Status Desired:** No

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

GARCIA, BARBIE ESQ.  
1627 SW 37 AVENUE  
MIAMI, FL 33145 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:** BARBIE GARCIA, ESQ.

04/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GROBELNY, JENNIFER  
Address        1627 SW 37 AVE  
City-State-Zip: MIAMI FL 33145

Title           VP  
Name           RABIONET, JUAN  
Address        1627 SW 37 AVE  
City-State-Zip: MIAMI FL 33145

Title           PRESIDENT  
Name           ESTRADA, RAUL  
Address        1627 SW 37 AVE  
City-State-Zip: MIAMI FL 33145

Title           SECRETARY  
Name           ACERO, MARIA  
Address        1627 SW 37 AVENUE  
City-State-Zip: MIAMI FL 33145

Title           DIRECTOR  
Name           ROBELO, LUCIA  
Address        1627 SW 37 AVENUE  
City-State-Zip: MIAMI FL 33145

*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:** RAUL ESTRADA

**PRESIDENT**

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date