### 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: ARIEL FOGEL

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** Title P, PRESIDENT Name ARIEL, FOGEL 4815 UNIVERSITY DRIVE

Address

City-State-Zip: CORAL GABLES FL 33146

DOCUMENT# N07000008788	

Entity Name: GABLES WATERWAY TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4815 UNIVERSITY DRIVE CORAL GABLES, FL 33146

## **Current Mailing Address:**

4815 UNIVERSITY DRIVE CORAL GABLES, FL 33146 US

## FEI Number: 26-1724299

# Name and Address of Current Registered Agent:

FOGEL, ARIEL 4815 UNIVERSITY DRIVE CORAL GABLES, FL 33146 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: ARIEL FOGEL

Electronic Signature of Registered Agent

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

MANAGER

02/08/2021

FILED Feb 08, 2021 Secretary of State

Certificate of Status Desired: No

6694925107CC

02/08/2021 Date

Date

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT