

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27833

Entity Name: GABLES LAROC CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**441 VALENCIA AVE
CORAL GABLES, FL 33134**Current Mailing Address:**441 VALENCIA AVE
CORAL GABLES, FL 33134 US**FEI Number:** 65-0105755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE 11TH FLOOR
CORAL GABLES, FL 33134 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 PRESIDENT
Name KNIGHT, PETER
Address 441 VALENCIA AVENUE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name PETERS, INGEBORGE
Address 441 VALENCIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name GARCIA-TUNON, ELENA
Address 441 VALENCIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name DOLAN, MARIANNE
Address 441 VALENCIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name MONZON, VICTOR
Address 441 VALENCIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name JONES, TIFFANY
Address 441 VALENCIA AVE
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name SACASA, CARLOS
Address 441 VALENCIA AVE
City-State-Zip: CORAL GABLES FL 33134

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: PETER KNIGHT**PRESIDENT****04/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date