

**2023 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            GARCIA-TUNON, ELENA  
Address        441 VALENCIA AVE  
City-State-Zip: CORAL GABLES FL 33134

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

Title            SECRETARY, TREASURER  
Name            SPAVENTA, MICHAEL  
Address        441 VALENCIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            MONZON, VICTOR  
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**

**04/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date