

**2019 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 ALHAMBRE 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            VP  
Name            PETERS, INGE  
Address        441 VALENCIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            VIYELLA, JULIO  
Address        441 VALENCIA AVE  
City-State-Zip: CORAL GABLES FL 33134

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

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

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

Title            DIRECTOR  
Name            GONZALEZ, GASTON  
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

**Continues on page 2**

*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:** KNIGHT , PETER

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01/23/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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