

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28693

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

**Current Principal Place of Business:**

5750 TURIN STREET  
CORAL GABLES, FL 33146

**Current Mailing Address:**

5750 TURIN STREET  
CORAL GABLES, FL 33146

**FEI Number:** 65-0239615

**Certificate of Status Desired:** No

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

CLARK, LORENA S  
COLDWELL BANKER RES REAL ESTATE  
1500 SAN REMO AVENUE # 110  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TAMINDZIJA, SEBASTIAN  
Address 5750 TURIN ST #102  
City-State-Zip: MIAMI FL 33146

Title STD  
Name ABREU, LIZA  
Address 5750 TURIN ST. #106  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name CHAKOFF, GAIL  
Address 5750 TURIN ST. #207  
City-State-Zip: CORAL GABLES FL 33146

Title VD  
Name SHEPHERD, FRANK  
Address 5750 TURIN ST. #206  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name CHARBEL, HASHEMA  
Address 5750 TURIN STREET # 101  
City-State-Zip: CORAL GABLES FL 33146

*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:** SEBASTIAN TAMINDZIJA

**PRESIDENT OF BOD**

**01/28/2013**

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

\_\_\_\_\_  
Date