## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28693

Entity Name: GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.

**FILED** Feb 24, 2025 **Secretary of State** 2080061413CC

## **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: Yes

## Name and Address of Current Registered Agent:

CHIALASTRI, CARLOS TRIZEL CRE 2460 SW 22 ST MIAMI, FL 33145 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: CARLOS CHIALASTRI 02/24/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

**PRESIDENT** VΡ Title Title

SANCHEZ, MELISSA Name HERNANDEZ, JULIANA A Name Address 1116 ANDORA AVE Address **5750 TURIN STREET** 

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip: CORAL GABLES FL 33146

Title **SECRETARY** Title **TREASURER** 

Name MILLARES, RAFAEL Name ABREU, LIZA

Address **5750 TURIN STREET** Address **5750 TURIN STREET UNIT 206** 

**UNIT 106** CORAL GABLES FL 33146

City-State-Zip: CORAL GABLES FL 33146 City-State-Zip:

Title **OFFICER** 

Name CUETER, PATRICIA 6703 SW 130 TERRACE Address City-State-Zip: PINECREST FL 33156

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: HERNANDEZ, JULIANA A

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

**UNIT 101** 

02/24/2025