2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28693

Entity Name: GABLES SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED Jan 05, 2017 **Secretary of State** CC9153507267

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:

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 01/05/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Address

Title PΠ Title **TREASURER** Name TAMINDZIJA, SEBASTIAN Name ABREU, LIZA

Address 5750 TURIN ST #102 Address 5750 TURIN ST. #106

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

Title DIRECTOR Title **SECRETARY**

Name SHEPHERD, FRANK Name CHAKOFF, GAIL Address 5750 TURIN ST. #206 Address 5750 TURIN ST. #207

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

Title Title **DIRECTOR**

Name MAGNUSSON, ROSA Name CHARBEL, HASHEMA Address 5750 TURIN ST. #204 Address 5750 TURIN STREET # 101 City-State-Zip: CORAL GABLES FL 33146

Title **DIRECTOR** Name ZHANG, BENNY

CORAL GABLES FL 33146 City-State-Zip:

CORAL GABLES FL 33146

5750 TURIN ST. #202

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.

01/05/2017 SIGNATURE: LIZA ABREU Т