

**2021 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:**

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

01/11/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BENAVIDES, RAFAEL   TREASURER  
Address        5750 TURIN ST #202  
City-State-Zip: MIAMI FL 33146

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

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

Title           PRESIDENT  
Name           MAGNUSSON, ROSA  
Address        1509 MANTUA AVENUE  
City-State-Zip: CORAL GABLES FL 33146

Title           DIRECTOR  
Name           RODRIGUEZ, JANELLE  
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:** ROSA MAGNUSSON

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01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date