

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707071 (7)
1. Corporation Name
GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
12641 RAMIRO ST CORAL GABLES FL 33156 US
12641 RAMIRO ST CORAL GABLES FL 33156 US

3. Date Incorporated or Qualified 03/30/1964
3a. Date of Last Report 03/15/1995
4. FEI Number 59-2090965
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
HENDRICKS, LYNNE
12630 RAMIRO ST.
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent
81 Name Burton, Michele Mills, Mary
82 Street Address (P.O. Box Number Is Not Acceptable) 12631 Ramiro St
83 City Coral Gables
84 City Coral Gables FL 85 Zip Code 33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Mary J. Mills* Mary J. Mills Treasurer 1/30/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKS, LYNNE 12630 RAMIRO ST. CORAL GABLES FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, MICHELLE 12631 RAMIRO ST. CORAL GABLES FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUFFLEBARGER, CYNTHIA 13000 SAN MATEO CORAL GABLES FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer MILLS, MARY 12641 RAMIRO ST. CORAL GABLES FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/>

1.1 TITLE	President / Trustee	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Burton, Michele		
1.3 STREET ADDRESS	12631 Ramiro St		
1.4 CITY-ST-ZIP	Coral Gables FL 33156		
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	John Lucas		
2.3 STREET ADDRESS	1441 Agua Avenue		
2.4 CITY-ST-ZIP	Coral Gables FL 33156		
3.1 TITLE	Carla Swanson	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Secretary		
3.3 STREET ADDRESS	1000 Luge Avenue		
3.4 CITY-ST-ZIP	Coral Gables FL 33156		
4.1 TITLE	Past President / Trustee	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Hendricks, Lynne		
4.3 STREET ADDRESS	12630 Ramiro St, ect		
4.4 CITY-ST-ZIP	Coral Gables, FL 33156		
5.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	Mary Mills		
5.3 STREET ADDRESS	12641 Ramiro St.		
5.4 CITY-ST-ZIP	Coral Gables, FL 33156		
6.1 TITLE	Past President / Trustee	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	Elizabeth Mahaffey		
6.3 STREET ADDRESS	910 Luge Avenue		
6.4 CITY-ST-ZIP	Coral Gables, FL 33156		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary J. Mills* Mary J. Mills Treasurer 1/30/96 (305) 468-0899
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

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