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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Fiortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

GABLES	Name	1 (7	, ,					
	s by the sea homeown	IEHS' ASSUCIATI	ION, INC.					
Principal Place	of Business	Mailing Address				H 1101 CICH CICH	I BIBAL BIBLL B	101 0161 1001
12641 RAMIRO CORAL GABLE US		12641 RAMIRO ST CORAL GABLES FL 33156 US						
00		00			3. Date Incorporated or Qualified 03/30/1964	i i	te of Last F X3/15/19	•
2. Principal Pla	and of Business	2a. Mailing Addre	29		4. FEI Number			pplied For
21		26			59-2090965			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	3	City & State			6. Election Campaign Financing \$5.00 May Be			May Be
23	Country	28 Zio		ountry	Trust Fund Contribution			to Fees
Zip	Country 25	Zip 29	30	ountry	This corporation has liability for Florida Statutes	intangible tax		199.032,
24	9. Name and Address of Curre		190	T.:	10. Name and Address of New I			
				81 Name	· Mula	۸١.		
HENDON	CKS, LYNNE			82 Street A	da, Atchele Mills	DIE) I KIW	4	· · · · · · · · · · · · · · · · · · ·
	AMIRO ST.			Street A	H Ramiro St	uiuj	1	
	AMINO ST. GABLES FL 33156			02	<u> </u>			
CORAL	SABLES FL 33130			3 13G	41			
				84 City Ora	el Relder	FL	85 Zip	SIZ OZIE
11 Pursuant t	to the provisions of Sections 617.050	2 and 617.1508. Florida	Statutes, the at	now named cor	rogration submits this statement for the ou	rnose of cha	naina its re	nistered office
or registere	ed agent, or both, in the State of Flor	ida. Such change was a	luthorized by the	e corporation's b	poard of directors. I hereby accept the app	pointment as	registered	agent. I am
tamiliar wit	th, and accept the obligations of See	kion 617.0503, Florida S	ratutes.	1, -	••	desta	7	
SIGNATURE	Signature, typed or printeer runne of registered agen	s // mey	/NOTE Register	ed Agent surreturn rec	quired when reinstatingi	113019	<i>\(\mathcal{Q}\)</i>	
12.		ND DIRECTORS	I 13	<u>. </u>	ADDITIONS CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
11111		□DELE	TË 🖊 1.1	TITLE 📝		T TOLITIO 7 GIRD	Change	Addition
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NAME	HENDRICKS, LYNNE	L]OELE	1.2	NAME	President / Trustee		-	
NAME STREET ADDRESS	HENDRICKS, LYNNE 12630 RAMIRO ST.	<u> </u>	1.2 1.3	NAME STREET ADDRESS	Tresident Trustee Burton, Michele 12421 Ramíro St)	-	
NAME STREET ADDRESS CITY-ST-ZIP	HENDRICKS, LYNNE 12630 RAMIRO ST. CORAL GABLES FL	_	1.2 1.3 1.4	NAME STREET ADDRESS CITY-ST-ZIP	President / Truster Burton, Michele 12021 Kamiro St Coral Oables FC 33) 154	Change	
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oath, that I am an officer or director of the corporation or the receiver or trustee en appears in Block 12 or Block 13 if charged, or on an attachment with an address. Mary J. Mills Treasurer 1/30/96 (305)

IGNING OFFICER OR DIRECTOR DISTRICT Phone: