

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
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 12641 RAMIRO ST  
CORAL GABLES FL 33156 CORAL GABLES FL 33156-6355  
US US

3. Date Incorporated or Qualified 03/30/1964  
3a. Date of Last Report 04/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 P.O. Box 560927  
22 City & State 27 Suite, Apt. #, etc.  
23 City & State 28 MIAMI FL  
24 Zip 25 Country 29 33156 30 Country

4. FEI Number 59-2090965 Applied For Not Applicable  
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

9. Name and Address of Current Registered Agent  
MILLS, MARY  
12641 RAMIRO ST.  
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, JOHN	1.2 NAME	
STREET ADDRESS	1441 AGUA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	1.4 CITY-ST-ZIP	
TITLE	PTRU <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, MICHELLE	2.2 NAME	
STREET ADDRESS	12631 RAMIRO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, CARLA	3.2 NAME	
STREET ADDRESS	1000 LUGE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	3.4 CITY-ST-ZIP	
TITLE	D/T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, MARY	4.2 NAME	D/T ELCA ROZENTZVAIG
STREET ADDRESS	12641 RAMIRO ST.	4.3 STREET ADDRESS	1115 SAN PEDRO AVE
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	TRUS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAFFEY, ELIZABETH	5.2 NAME	
STREET ADDRESS	970 LUGE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33156	5.4 CITY-ST-ZIP	
TITLE	TRUS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, LYNNE	6.2 NAME	
STREET ADDRESS	12630 RAMIRO ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John R. Lucas* John R. Lucas 3/26/97  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027551

CF2E037 (9/96)