

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	PO BOX 560927 MIAMI FL 33156 US

3. Date Incorporated or Qualified

03/30/1964

4. FEI Number

59-2090965

Applied For

Not Applicable

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

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLS, MARY
12641 RAMIRO ST.
CORAL GABLES FL 33156**

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
NAME	LUCAS, JOHN	
STREET ADDRESS	1441 AGUA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	PTRU	<input type="checkbox"/> DELETE
NAME	BURTON, MICHELLE	
STREET ADDRESS	12631 RAMIRO ST.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SWANSON, CARLA	
STREET ADDRESS	1000 LUGE AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	ELCA ROZENTZVAIG	
STREET ADDRESS	1115 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	TRUS	<input type="checkbox"/> DELETE
NAME	MAHAFFEY, ELIZABETH	
STREET ADDRESS	870 LUGE AVE.	
CITY-ST-ZIP	CORAL SPRINGS FL 33156	
TITLE	TRUS	<input type="checkbox"/> DELETE
NAME	HENDRICKS, LYNNE	
STREET ADDRESS	12630 RAMIRO ST	
CITY-ST-ZIP	CORAL GABLES FL 33156	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Flora Bonintempo QUD/AD

4/10/98

5931786

CP2E037 (10/97)