FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90191 013 ****61.25

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DOCUMENT # 707071

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

2. Principal Place of Business 21 13017 San Mateo	2a. Mailing Address 26 P.O. Box 560927	3. Date Incorporated or Qualifed 03/30/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2090965 — Applied For / Not Applicable
City & State 23 Coral Gables FL	City & State 28 Miami Fl.	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip 24 33156 — Country 25 US	Zip 29 33156 — Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MILLS, MATT~~ ~~12641 RAMIRO ST.~~ CORAL GABLES FL 33156	81 Name: Donna Kupper 82 Street Address (P.O. Box Number is Not Acceptable): 13017 San Mateo 83 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: Donna Kupper — 1-19-99 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VP~~ Director ☐ DELETE	1.1 TITLE	~~Director~~ Pres. ☐ Change ☒ Addition
NAME	LUCAS, JOHN	1.2 NAME	Donna Kupper
STREET ADDRESS	1441 AGUA AVE.	1.3 STREET ADDRESS	13017 San Mateo St.
CITY-ST-ZIP	CORAL GABLES FL 33156	1.4 CITY-ST-ZIP	Coral Gables Fl-33156
TITLE	PTRU ☒ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	BURTON, MICHELLE	2.2 NAME	Michael Hacker
STREET ADDRESS	12631 RAMIRO ST.	2.3 STREET ADDRESS	13025 Mar St.
CITY-ST-ZIP	CORAL GABLES FL 33156	2.4 CITY-ST-ZIP	Coral Gables FL 33156
TITLE	S ☒ DELETE	3.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	SWANSON, CARLA	3.2 NAME	Nancy Perez
STREET ADDRESS	1000 LUGE AVE.	3.3 STREET ADDRESS	14401 Campamento Ave.
CITY-ST-ZIP	CORAL GABLES FL 33156	3.4. CITY-ST-ZIP	Coral Gables FL 33156
TITLE	D/T ☒ DELETE	4.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	ELCA ROZENTZVAIG	4. 2 NAME	Beverly Arnold
STREET ADDRESS	1115 SAN PEDRO AVE	4.3 STREET ADDRESS	1180 S. Pedro Ave
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables Fl 33156
TITLE	TRUS ☒ DELETE	5.1 TITLE	Corresponding Secretary ☐ Change ☒ Addition
NAME	MAHAFFEY, ELIZABETH	5.2 NAME	Chico Goldsmith
STREET ADDRESS	970 LUGE AVE.	5.3 STREET ADDRESS	13035 Nevada St.
CITY-ST-ZIP	CORAL SPRINGS FL 33156	5.4 CITY-ST-ZIP	Coral Gables Fl-33156
TITLE	TRUS ☒ DELETE	6.1 TITLE	Director ☐ Change ☒ Addition
NAME	HENDRICKS, LYNNE	6.2 NAME	Frank Martin
STREET ADDRESS	12630 RAMIRO ST	6.3 STREET ADDRESS	12950 Nevada St.
CITY-ST-ZIP	CORAL GABLES FL 33156	6.4 CITY-ST-ZIP	Coral Gables Fl 33156

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #