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03-01-1999 90191 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 707071

1. Corporation Name

GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

12641 RAMIRO ST
CORAL GABLES FL 33156
US

Mailing Address

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 Qualified

03/30/1964

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2090965

Applied For

Not Applicable

City & State

23 Coral Gables FL

City & State

28 Miami FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33156

Country

25 US

Zip

29 33156

Country

30 USA

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~Director~~ DELETE

NAME LUCAS, JOHN
STREET ADDRESS 1441 AGUA AVE.
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE PTRU DELETE

NAME BURTON, MICHELLE
STREET ADDRESS 12631 RAMIRO ST.
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE S DELETE

NAME SWANSON, CARLA
STREET ADDRESS 1000 LUGE AVE.
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE D/T DELETE

NAME ELCA ROZENTZVAIG
STREET ADDRESS 1115 SAN PEDRO AVE
CITY-ST-ZIP CORAL GABLES FL

TITLE TRUS DELETE

NAME MAHAFFEY, ELIZABETH
STREET ADDRESS 970 LUGE AVE.
CITY-ST-ZIP CORAL SPRINGS FL 33156

TITLE TRUS DELETE

NAME HENDRICKS, LYNNE
STREET ADDRESS 12630 RAMIRO ST
CITY-ST-ZIP CORAL GABLES FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~Director~~ Pres. Change Addition

1.2 NAME Donna Kupper
1.3 STREET ADDRESS 13017 San Mateo St.
1.4 CITY-ST-ZIP Coral Gables FL-33156

2.1 TITLE VP Change Addition

2.2 NAME Michael Hacker
2.3 STREET ADDRESS 13025 Mar St.
2.4 CITY-ST-ZIP Coral Gables FL 33156

3.1 TITLE Treasurer Change Addition

3.2 NAME Nancy Perez
3.3 STREET ADDRESS 1440 Campamento Ave.
3.4 CITY-ST-ZIP Coral Gables FL 33156

4.1 TITLE Secretary Change Addition

4.2 NAME Beverly Arnold
4.3 STREET ADDRESS 1180 S. Pedro Ave
4.4 CITY-ST-ZIP Coral Gables FL 33156

5.1 TITLE Corresponding Secretary Change Addition

5.2 NAME Chico Goldsmith
5.3 STREET ADDRESS 13035 Nevada St.
5.4 CITY-ST-ZIP Coral Gables FL-33156

6.1 TITLE Director Change Addition

6.2 NAME Frank Martin
6.3 STREET ADDRESS 12950 Nevada St.
6.4 CITY-ST-ZIP Coral Gables FL 33156

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 #

CR2E037 (1/1/98)