

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707071

1. Entity Name

GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90027 025 ****61.25

Principal Place of Business

13017 SAN MATEO
 CORAL GABLES FL 33156
 US

Mailing Address

P.O. BOX 560927
 MIAMI FL 33256-0927
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13025 Mar St.

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Coral Gables FL

City & State

SAME

4. FEI Number

59-2090965

Applied For

Not Applicable

Zip

Country

33156

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~KUPPER, DONNA~~
 13017 SAN MATEO
 CORAL GABLES, FL 33156

Michael Hacker - Pres.
 13025 Mar St.
 Coral Gables, FL 33156

7. Name and Address of New Registered Agent

Name

Michael Hacker

Street Address (P.O. Box Number is Not Acceptable)

13025 Mar St.

City

Coral Gables

FL

Zip Code

33156

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

1-10-00

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, JOHN	
STREET ADDRESS	1441 AGUA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	P	<input type="checkbox"/> Delete
NAME	KUPPER, DONNA	
STREET ADDRESS	13017 SAN MATEO STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HACKER, MICHAEL	
STREET ADDRESS	13025 MAR STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, NANCY	
STREET ADDRESS	1440 CAMPAMENTO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, BEVERLY	
STREET ADDRESS	1180 S. PEDRO AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, FRANK	
STREET ADDRESS	12950 NEVADA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPPER, Donna	
STREET ADDRESS	13017 San Mateo St.	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	PRESIDENT: Michael Hacker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Michael Hacker	
STREET ADDRESS	13025 Mar St	
CITY-ST-ZIP	Coral Gables FL 33156	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brad McCormick	
STREET ADDRESS	1251 Campamento	
CITY-ST-ZIP	Coral Gables FL 33156	
TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry G. S. Hoar	
STREET ADDRESS	1210 Currogeya Ave	
CITY-ST-ZIP	Coral Gables FL 33156	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00 305 371-4286
 Date Daytime Phone #

CR2E037 (9/99)