2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 707071 Mar 04, 2000 8:00 am **Secretary of State** GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC. 03-04-2000 90027 025 ****61.25 Principal Place of Business Mailing Address P.O. BOX 560927 13017 SAN MATEO MIAMI FL 33256-0927 CORAL GABLES FL 33156 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Eity & Stat Applied For City & State 4. FEI Number 59-2090965 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name is Not Acceptable Street Add KUPPER, DONNA 13017 SAN MATEO CORAL GABLES FL-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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. \Box Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. (66/6) * D SAME ☐ Addition TITLE ☐ Change ☐ Delete TITLE D NAME NAME LUCAS, JOHN STREET ADDRESS STREET ADDRESS 1441 AGUA AVE. CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Director ☐ Delete TITLE TITLE NAME NAME KUPPER, DONNA ret, Donna STREET ADDRESS STREET ADDRESS 13017 SAN MATEO STREETt san Mateo Coral Gabies CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Addition ☐ Delete TITLE TITLE VΡ 13025 Mar NAME NAME HACKER, MICHAEL STREET ADDRESS STREET ADDRESS 13025 MAR STREET oral bables CITY-ST-ZIP CITY-ST-ZIE CORAL GABLES FL 33156 Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME PEREZ, NANCY STREET ADDRESS STREET ADDRESS 1440 CAMPAMENTO AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33156 Delete Change ☐ Addition S TITLE ARNOLD, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 1180 S. PEDRO AVENUE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33156 ☐ Addition TITLE NAME NAME MARTIN, FRANK rry G. S HOO (STREET ADDRESS STREET ADDRESS -12950 NEVADA STREET 210 CITY-ST-ZIP CITY-ST-ZIP COCUL FC 33156 CORAL GABLES FL 33156 Grables 12. Thereby certify that the information supplied with this filling 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 attachr