

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90087 043 ****61.25

DOCUMENT # 707071

1. Entity Name

GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**13025 MAR ST
CORAL GABLES FL 33156
US**

**P.O. BOX 560927
MIAMI FL 33156
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2090965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HACKER, MICHAEL
10325 MAR ST
CORAL GABLES FL 33156**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **LUCAS, JOHN**
STREET ADDRESS **1441 AGUA AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **T** ☐ Change ☒ Addition
NAME **FERNANDEZ, KATHLEEN**
STREET ADDRESS **820 SAN PEDRO AVE.**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE **X** ☒ Delete
NAME **MCCORMICK, BRAD**
STREET ADDRESS **1521 CAMPAMENTO AVE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **X P** ☐ Delete
NAME **HACKER, MICHAEL**
STREET ADDRESS **13025 MAR STREET**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **X D** ☐ Delete
NAME **PEREZ, NANCY**
STREET ADDRESS **1440 CAMPAMENTO AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **SCHMIDT, ADRIANA**
STREET ADDRESS **155 CORUNA AVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CORBITT, MONICA**
STREET ADDRESS **1145 SAN PEDRO**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)