
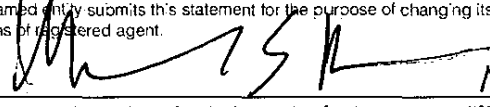
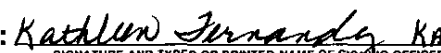


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90063 010 ****61.25

DOCUMENT # 707071					
1. Entity Name GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 13025 MAR ST CORAL GABLES, FL 33156 US		Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HACKER, MICHAEL 10325 MAR ST CORAL GABLES, FL 33156				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Michael Hacker				DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, JOHN		NAME	SEIFER, Melissa	
STREET ADDRESS	1441 AGUA AVE.		STREET ADDRESS	842 San Pedro Ave	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, KATHLEEN		NAME	FORTECILLA, ISABEL	
STREET ADDRESS	820 SAN PEDRO AVE		STREET ADDRESS	13031 MAR ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKER, MICHAEL		NAME	Zelhof, CARLA	
STREET ADDRESS	13025 MAR STREET		STREET ADDRESS	1012 LUGO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, NANCY		NAME	ROBBINS, BILL	
STREET ADDRESS	1440 CAMPAMENTO AVENUE		STREET ADDRESS	830 LUGO AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBITT, MONICA		NAME	LIPPMAN, PENNY	
STREET ADDRESS	1145 SAN PEDRO		STREET ADDRESS	13019 MAR ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33156		CITY-ST-ZIP	CORAL GABLES, FL 33156	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	SANABRIA, GONZALO	
STREET ADDRESS			STREET ADDRESS	944 SAN PEDRO AVE.	
CITY-ST-ZIP			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:  KATHLEEN FERNANDEZ				Date: 1-23-04 (305) 666 3880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	