## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # 707071  1. Entity Name GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.								<b>y</b> 98 90063 02	5 ****61	.25	
-13025 MAR	e of Business # 820 5AN PEDRO AVE. ES, FL 33156 US	Mailing Address P.O. BOX 560927 MIAMI, FL 33156 US				, , , ( <b>Te</b> t) ( <b>Te</b> t)	•	Wî lîdi dibir dibil wil	III <b>Bra</b> ir <b>Bir</b> af <b>bib</b>		
	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01082008	Chg-NP	CR2E0	37 (12/06)		
City & State CORAL GABLES, FL		City & State				4. FEI Numbe 59-209	965		<b>→</b>	oplied For	
Zip Country 33156 VSA		Zip	Zip Cou		5. Cer		of Status Desire	ed 🗆	\$8.75 Add	ditional	
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of Ne	w Registered	Agent		
		<del></del>		Name			<del>-</del> · ·	•	- <b></b> -		
FERNANDEZ, KATHLEEN 820 SAN PEDRO AVE MIAMI, FL 33156				Street A	Street Address (P.O. Box Number is Not Acceptable)						
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	<del>-</del>			City			-	FL	Zip Cod	e	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistere	ed office of	r register	ed agent, or bot	th, in the State o	f Florida. I am	familiar with,	and accept	
SIGNATURE A Following agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  1-8-08  NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE:	Registered	d Agent signat	berlupe: eru	when reinstating)		DATE		•	
y' ''	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign F	inancing		\$5.00 May B Added to Fees		Make chec	tment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: K. Jury	erda	1-8-08	3054096132
	R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #