


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90063 025 ****61.25

DOCUMENT # 707071

1. Entity Name
GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
~~13025 MAR ST~~ **820 SAN PEDRO AVE.**
CORAL GABLES, FL 33156 US

Mailing Address
P.O. BOX 560927
MIAMI, FL 33156 US

2. Principal Place of Business - No P.O. Box #
820 SAN PEDRO AVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State
MIAMI, FL

Zip Country
33156 USA

Zip Country
33156 USA



6. Name and Address of Current Registered Agent

FERNANDEZ, KATHLEEN
820 SAN PEDRO AVE
MIAMI, FL 33156

4. FEI Number
59-2090965

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *K. Fernandez* DATE 1-8-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANABRIA, GONZALEZ 944 SAN PEDRO AVE CORAL GABLES, FL 33156 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KUPPER, DONNA 13017 SAN PEDRO AVE CORAL GABLES, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FERNANDEZ, KATHLEEN 820 SAN PEDRO AVE CORAL GABLES, FL 33156 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D QUESADA, FRANK 1301 LUGO AVE MIAMI, FL 33156 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PEREZ, NANCY 1440 CAMPAMENTO AVENUE CORAL GABLES, FL 33156 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARANGO, EDGENIO 1421 TAGUS AVE MIAMI, FL 33156 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEIFER, MELISSA 842 SAN PEDRO AVE CORAL GABLES, FL 33156 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P |

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. Fernandez* DATE 1-8-08 DAYTIME PHONE # 3054096132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR