


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90411 004 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

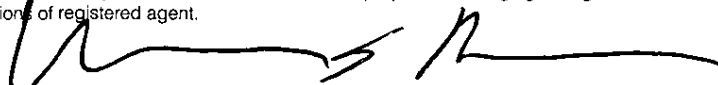
4. FEI Number **59-2090965**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**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 
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, JOHN	
STREET ADDRESS	1441 AGUA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERNANDEZ, KATHLEEN	
STREET ADDRESS	820 SAN PEDRO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HACKER, MICHAEL	
STREET ADDRESS	13025 MAR STREET	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, NANCY	
STREET ADDRESS	1440 CAMPAMENTO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBITT, MONICA	
STREET ADDRESS	1145 SAN PEDRO	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4-8-03**

CR2E037 (10/02)