

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713312 (7)
1. Corporation Name
GABLES ESTATES YACHT CLUB, INC.



Principal Place of Business: P O BOX 393 SOUTH MIAMI FL 33243
Mailing Address: P O BOX 393 SOUTH MIAMI FL 33243

3. Date Incorporated or Qualified: 09/06/1967
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-6159364
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
GEORGE, PHILLIP D
120 ARVIDA PARKWAY
GABLES- ESTATES
CORAL SPRINGS FL 33156

10. Name and Address of New Registered Agent
81 Name: JOSE A. ORTEGA
82 Street Address (P.O. Box Number is Not Acceptable): 300 ARVIDA PARKWAY
83 City: GABLES ESTATES
84 City: CORAL GABLES FL 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2/23/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | RCD | <input type="checkbox"/> DELETE |
| NAME | ORTEGA, JOSE | |
| STREET ADDRESS | 300 ARVIDA PARKWAY | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | VCD | <input type="checkbox"/> DELETE |
| NAME | NASR, MICHEL | |
| STREET ADDRESS | 365 ARVIDA PKWY | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | FCAD | <input type="checkbox"/> DELETE |
| NAME | THYREE, ROLF | |
| STREET ADDRESS | 2 LEUCADENDRA DR. | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GILBRIDE, JAMES | |
| STREET ADDRESS | 655 CASUARINA CONCOURSE | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LASHAR, WILLIAM L. JR. | |
| STREET ADDRESS | 400 ARVIDA PKWY | |
| CITY-ST-ZIP | CORAL GABLES, FL 00000 | |
| TITLE | FSDD | <input type="checkbox"/> DELETE |
| NAME | BOHN, RICHARD H. | |
| STREET ADDRESS | 540 CASUDRINA CONCORS | |
| CITY-ST-ZIP | CORAL GABLES FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* JOSE A. ORTEGA DATE: 2/23/96 248-7746
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)