

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

10. Name and Address of New Registered Agent

GEORGE, PHILLIP D
120 ARVIDA PARKWAY
GABLES- ESTATES
CORAL SPRINGS FL 33156

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/23/96

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. ORTEGA

2/23/96
Date

248-7746
Daytime Phone #

CR2E037 (12/95)