


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-6159364  
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association? Yes No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
ORTEGA, JOSE A.  
300 ARVIDA PKWY  
GABLES- ESTATES  
CORAL GABLES FL 33156

10. Name and Address of New Registered Agent  
81 Name: RICHARDSON, Kathleen L.  
82 Street Address (P.O. Box Number is Not Acceptable): 16241 S.W. 282 St.  
83 Homestead  
84 City: HOMESTEAD FL 85 Zip Code: 33031

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: Kathleen Richardson  
Signature, typed or printed name of registered agent and title if applicable  
(NOTE: Registered Agent signature required when reinstating)  
2/1/98 DATE

12. OFFICERS AND DIRECTORS

TITLE	RCD	<input checked="" 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 CONCRS	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	RCD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Newhauser, Susan	
1.3 STREET ADDRESS	1 Arvida Parkway	
1.4 CITY-ST-ZIP	Coral Gables, FL	
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 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 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: Kathleen Richardson, Registered Agent  
2/1/98 248-7746

CR2E037 (10/97)