


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 713312 1. Entity Name GABLES ESTATES YACHT CLUB, INC.	
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Principal Place of Business P O BOX 393 SOUTH MIAMI, FL 33243	Mailing Address P O BOX 393 SOUTH MIAMI, FL 33243
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DO NOT WRITE IN THIS SPACE

02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6159364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDSON, KATHLEEN L
 16241 SW 282 ST
 HOMESTEAD, FL 33031

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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 _____ DATE _____
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, 2007

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

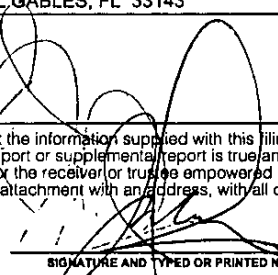
U000000656229
 02/14/07-80017-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ORTEGA, JOSE 300 ARVIDA PARWAY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSS, JACK 120 LEUCADENDRA DR CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CANEL, DANIEL 555 ARVIDA PARKWAY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUERRA, RENE 650 LEUCADENDRA DR CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSDD BELL, TRISH 100 CASUARINA CONCOURSE CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **JOSE ORTEGA** **3/3/07** **305 248 7716**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #