

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **718843** (6)

MAY - 1 11:10:15

1. Corporation Name
GABLES ESTATES CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P O BOX 390 SOUTH MIAMI FL 33243 **P O BOX 390 SOUTH MIAMI FL 33243**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/13/1970** 3a. Date of Last Report **02/03/1994**

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

2. Principal Place of Business 2a. Mailing Address
21 **26**

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

Suite, Apt. #, etc. Suite, Apt. #, etc. **22** **27**

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

City & State City & State **23** **28**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip Country Zip Country **24** **25** **29** **30**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, TIMOTHY C. E
66 W. FLAGLER ST.
SUITE 608
MIAMI FL 33130

81 Name **GEORGE, DR. PHILLIP**
82 Street Address (P.O. Box Number is Not Acceptable) **120 ARVIDA PARKWAY**
83 **GABLES ESTATES**
84 City **CORAL GABLES** **FL** **85** Zip Code **33156**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligation of, Section 607.0504, Florida Statutes.

SIGNATURE *[Signature]* Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	X O
NAME	BLAKE, TIMOTHY C
STREET ADDRESS	631 ARVIDA PARKWAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	MILTON, JOSE
STREET ADDRESS	85 ARVIDA PARKWAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	T
NAME	FRIEND, RICHARD
STREET ADDRESS	55 ARVIDA PARKWAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	S
NAME	MIRANDA, CHRISTINA
STREET ADDRESS	410 LEUCADENDRA DR.
CITY - ST - ZIP	CORAL GABLES FL
TITLE	V
NAME	WEINER, MORTON
STREET ADDRESS	355 ARVIDA PARKWAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D
NAME	GEORGE, PHILLIP
STREET ADDRESS	120 ARVIDA PARKWAY
CITY - ST - ZIP	CORAL GABLES FL

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE, DR. PHILLIP
1.3 STREET ADDRESS	120 ARVIDA PARKWAY
1.4 CITY - ST - ZIP	CORAL GABLES, FL
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SOLOMON, MARTIN
2.3 STREET ADDRESS	220 ARVIDA PARKWAY
2.4 CITY - ST - ZIP	CORAL GABLES, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	MILTON, JOSE
5.4 CITY - ST - ZIP	85 ARVIDA PARKWAY, CORAL GABLES, FL.
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FANJUL, ALFONSO
6.3 STREET ADDRESS	170 ARVIDA PARKWAY
6.4 CITY - ST - ZIP	CORAL GABLES, FL.

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 110.07(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 in an attached list with an addendum.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95 305-444-2768