

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 # 718843 (6)

1. Corporation Name

GABLES ESTATES 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
07/13/1970

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-6159364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

81 Name JOSE A. ORTEGA

82 Street Address (P.O. Box Number Is Not Acceptable)

300 ARVIDA PARKWAY

83 GABLES ESTATES

84 City

CORAL GABLES

FL

85 Zip Code 33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 | P | <input type="checkbox"/> DELETE |
| NAME | GEORGE, PHILLIP D | |
| STREET ADDRESS | 120 ARVIDA PARKWAY | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SOLOMON, MARTIN | |
| STREET ADDRESS | 220 ARVIDA PARKWAY | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | FRIEND, RICHARD | |
| STREET ADDRESS | 55 ARVIDA PARKWAY | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MIRANDA, CHRISTINA | |
| STREET ADDRESS | 410 LEUCADENDRA DR. | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MILTON, JOSE | |
| STREET ADDRESS | 85 ARVIDA PARKWAY | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FANJUL, ALFONSO | |
| STREET ADDRESS | 170 ARVIDA PARKWAY | |
| CITY-ST-ZIP | CORAL GABLES FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JOSE A. ORTEGA | |
| 1.3 STREET ADDRESS | 300 ARVIDA PARKWAY | |
| 1.4 CITY-ST-ZIP | CORAL GABLES, FL 33156 | |
| 2.1 TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | MORTON D. WEINER | |
| 2.3 STREET ADDRESS | 355 ARVIDA PARKWAY | |
| 2.4 CITY-ST-ZIP | CORAL GABLES, FL 33156 | |
| 3.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ALAN POTAMKIN | |
| 3.3 STREET ADDRESS | 4675 S.W. 74th St. | |
| 3.4 CITY-ST-ZIP | MIAMI, FL 33143 | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | DARIA FEINSTEIN | |
| 5.3 STREET ADDRESS | 80 CASUARINA COUNCOURSE | |
| 5.4 CITY-ST-ZIP | CORAL GABLES, FL 33143 | |
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | KEVIN SMITH | |
| 6.3 STREET ADDRESS | 570 ARVIDA PARKWAY | |
| 6.4 CITY-ST-ZIP | CORAL GABLES, FL 33156 | |

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:

JOSE A. ORTEGA

2/23/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)