

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 Mailing Address
P O BOX 393 SOUTH MIAMI FL 33243 **P O BOX 393 SOUTH MIAMI FL 33243**

3. Date Incorporated or Qualified **07/13/1970** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number 59-6159364	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
85	Zip Code	FL 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)

DATE: **2/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, PHILLIP D	1.2 NAME	JOSE A. ORTEGA
STREET ADDRESS	120 ARVIDA PARKWAY	1.3 STREET ADDRESS	300 ARVIDA PARKWAY
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, MARTIN	2.2 NAME	MORTON D. WEINER
STREET ADDRESS	220 ARVIDA PARKWAY	2.3 STREET ADDRESS	355 ARVIDA PARKWAY
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEND, RICHARD	3.2 NAME	ALAN POTAMKIN
STREET ADDRESS	55 ARVIOA PARKWAY	3.3 STREET ADDRESS	4675 S.W. 74th St.
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, CHRISTINA	4.2 NAME	
STREET ADDRESS	410 LEUCADENDRA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, JOSE	5.2 NAME	DARIA FEINSTEIN
STREET ADDRESS	85 ARVIDA PARKWAY	5.3 STREET ADDRESS	80 CASUARINA COUNCOURSE
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANJUL, ALFONSO	6.2 NAME	KEVIN SMITH
STREET ADDRESS	170 ARVIDA PARKWAY	6.3 STREET ADDRESS	570 ARVIDA PARKWAY
CITY-ST-ZIP	CORAL GABLES FL	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, for on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE A. ORTEGA

Date

2/23/96

Daytime Phone #

CR2E037 (12/95)