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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
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DOCUMENT # **718843** (6)
T. 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
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3. Date Incorporated or Qualified 07/13/1970	
4. FEI Number 59-6159364	Applied For <input type="checkbox"/> 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
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 **KATHLEEN RICHARDSON**
82 Street Address (P.O. Box Number is Not Acceptable)
16241 S.W. 282 ST.
83 **Homestead**
84 City
FL 85 Zip Code **33021**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	ORTEGA, JOSE A. 300 ARVIDA PKWY CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	
NAME		1.1 TITLE	P
STREET ADDRESS		1.2 NAME	Weiner, Morton D.
CITY-ST-ZIP		1.3 STREET ADDRESS	355 Arvida Pkwy
		1.4 CITY-ST-ZIP	Coral Gables, FL
TITLE V	WEINER, MORTON D. 355 ARVIDA PKWY CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.1 TITLE	V
STREET ADDRESS		2.2 NAME	Finkle, Arthur A.
CITY-ST-ZIP		2.3 STREET ADDRESS	315 Casuarina Concourse
		2.4 CITY-ST-ZIP	Coral Gables, FL
TITLE T	POTAMKIN, ALAN 4875 SW 74TH ST MIAMI FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.1 TITLE	T
STREET ADDRESS		3.2 NAME	Lazaro, Milton
CITY-ST-ZIP		3.3 STREET ADDRESS	277 Arvida Parkway
		3.4 CITY-ST-ZIP	Coral Gables, FL
TITLE S	MIRANDA, CHRISTINA 410 LEUCADENDRA DR. CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.1 TITLE	S
STREET ADDRESS		4.2 NAME	Daria Feinstein
CITY-ST-ZIP		4.3 STREET ADDRESS	80 Casuarina Concourse
		4.4 CITY-ST-ZIP	Coral Gables, FL
TITLE D	LAZARO, MILTON 277 ARVIDA PARKWAY CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.1 TITLE	Jarp, George - Director
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	431 Arvida Parkway
		5.4 CITY-ST-ZIP	Coral Gables, FL
TITLE D	SMITH, KEVIN 570 ARVIDA PKWY CORAL GABLES FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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* **KATHLEEN RICHARDSON** DATE **2/1/98** 248-7746

CP2E037 (10/97)