FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State
02-21-1999 90014 016 ****61.25

DOCUMENT # 718843

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed **07/13/1970**	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **59-6159364**	Applied For / Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
RICHARDSIN, KATHLEEN 16241 SW 282 ST HOMESTEAD FL 33031	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	FL 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V NAME FINKLE, ARTHUR A STREET ADDRESS 315 CASUARINA CONCOURCE CITY-ST-ZIP CORAL GABLES FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME WEINER, MORTON D. STREET ADDRESS 355 ARVIDA PKWY CITY-ST-ZIP CORAL GABLES FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME FEINSTEIN, DARIA STREET ADDRESS 80 CASUARINA CONCOURSE CITY-ST-ZIP MIAMI FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME JARP, GEORGE STREET ADDRESS 431 ARVIDA PARKWAY CITY-ST-ZIP CORAL GABLES FL	☐ DELETE	4.1 TITLE *Treasurer* 4.2 NAME *SAME* 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☑ Change ☐ Addition
TITLE T NAME LAZARO, MILTON STREET ADDRESS 277 ARVIDA PARKWAY CITY-ST-ZIP CORAL GABLES FL	☑ DELETE	5.1 TITLE *Director* 5.2 NAME *Guillermo Miranda* 5.3 STREET ADDRESS *410 Leucadenora Drive* 5.4 CITY-ST-ZIP *Coral Gables, FL 33156*	☐ Change ☑ Addition
TITLE D NAME SMITH, KEVIN STREET ADDRESS 570 ARVIDA PKWY CITY-ST-ZIP CORAL GABLES FL	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Morton Weiner, President*   1-6-99   (305) 248-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)