

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707071

Entity Name: GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5765 SW 128 STREET/LUGO AVENUE
VILLAGE OF PINECREST/CORAL GABLES, FL 33156**Current Mailing Address:**P.O. BOX 560927
MIAMI, FL 33156 US**FEI Number:** 59-2090965**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANG, HAROLD III
5874 SW 131 TERR
MIAMI, FL 33156 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** HAROLD LANG III

04/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TOURON, FRANCISCO III
Address 12611 RAMIRO ST.
City-State-Zip: CORAL GABLES FL 33156

Title TREASURER
Name SANTEIRO, DANIELLE
Address 12500 RAMIRO STREET
City-State-Zip: CORAL GABLES FL 33156

Title VP
Name SUCCAR FERRE, CLAUDIA
Address 1561 AGUA AVE.
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR
Name QUINTANILLA, AUGUSTO
Address 13406 SW 58 CT
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name MAAL, PATRICIA
Address 1440 LUGO AVE.
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR
Name NARAYANAN, NAIR
Address 5901 SW 136 ST.
City-State-Zip: PINECREST FL 33156

Title DIRECTOR
Name DIAZ, NAILA
Address 13000 DEVA ST.
City-State-Zip: CORAL GABLES FL 33156

Title SECRETARY
Name O'DONNELL, CASSY
Address 13402 SW 57 CT.
City-State-Zip: PINECREST FL 33156

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIELLE SANTEIRO

TREASURER

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LIJESSEN, ARNOUT
Address	12511 RAMIRO ST
City-State-Zip:	CORAL GABLES FL