

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707071

FILED
Apr 16, 2015
Secretary of State
CC3004298985

Entity Name: GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5765 SW 128 STREET/LUGO AVENUE
VILLAGE OF PINCREST/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:

WAYNE, ROBERT
1225 SW 87TH AVENUE
MIAMI, FL 33174 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: ROBERT WAYNE

04/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER
Name SONENREICH, HELEN
Address 5775 SW 131 TERRACE
City-State-Zip: VILLAGE OF PINECREST FL 33156

Title DIRECTOR
Name WAYNE, ROBERT
Address 1225 SW 87 AVENUE
City-State-Zip: MIAMI FL 33174

Title SECRETARY
Name CORA, GRAZIELLA
Address 13592 SW 57 COURT
City-State-Zip: VILLAGE OF PINECREST FL 33156

Title PRESIDENT
Name JEFFRIES, JULIE
Address 5981 SW 136 STREET
City-State-Zip: VILLAGE OF PINECREST FL 33156

Title VP
Name SANABRIA, NANCY
Address 944 SAN PEDRO AVE
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR
Name ANZOLA, OSCAR
Address 1400 CORUNA AVENUE
City-State-Zip: CORAL GABLES FL

Title DIRECTOR
Name LAMCHICK, LINDSEY
Address 1440 AGUA AVENUE
City-State-Zip: CORAL GABLES 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: JULIE JEFFRIES

PRESIDENT

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAVIGLIA, SILVIA
Address 5724 SW 131 TERRACE
City-State-Zip: MIMAI, FL 33156