2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUA	L
<u>REPORT</u>	

DOCUMENT# 707071

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

Current Principal Place of Business:

944 SAN PEDRO AVENUE CORAL GABLES, FL 33156

Current Mailing Address:

P.O. BOX 560927 MIAMI, FL 33156 US

FEI Number: 59-2090965

Name and Address of Current Registered Agent:

FEITO, MARISA 12411 BERNAL STREET CORAL GABLES, FL 33156 US FILED Mar 15, 2013 Secretary of State CC6527864367

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DIRECTOR	Title	VP		
Name	NEWMAN, KATHY	Name	SONENREICH, HELEN		
Address	SAN PEDRO AVENUE	Address	5775 SW 131 TERRACE		
City-State-Zip:	CORAL GABLES FL 33156	City-State-Zip:	PINECREST FL 33156		
Title	D	Title	DIRECTOR		
Name	SANTEIRO, CARLOS	Name	FEITO, MARISA		
Address	12500 RAMIRO STREET	Address	12411 BERNAL STREET		
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	CORAL GABLES FL 33156		
Title	PRESIDENT	Title	т		
Title Name	PRESIDENT SANABRIA, NANCY	Title Name	T ECHO, MECHE		
	-				
Name	SANABRIA, NANCY	Name	ECHO, MECHE		
Name Address	SANABRIA, NANCY 944 SAN PEDRO AVE.	Name Address	ECHO, MECHE 5705 SW 131 TERRACE		
Name Address City-State-Zip:	SANABRIA, NANCY 944 SAN PEDRO AVE. CORAL GABLES FL 33156	Name Address City-State-Zip:	ECHO, MECHE 5705 SW 131 TERRACE PINECREST FL 33156		
Name Address City-State-Zip: Title	SANABRIA, NANCY 944 SAN PEDRO AVE. CORAL GABLES FL 33156 DIRECTOR	Name Address City-State-Zip: Title	ECHO, MECHE 5705 SW 131 TERRACE PINECREST FL 33156 DIRECTOR		
Name Address City-State-Zip: Title Name	SANABRIA, NANCY 944 SAN PEDRO AVE. CORAL GABLES FL 33156 DIRECTOR QUESADA, FRANK	Name Address City-State-Zip: Title Name	ECHO, MECHE 5705 SW 131 TERRACE PINECREST FL 33156 DIRECTOR WAYNE, ROBERT		

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: NANCY SANABRIA

PRESIDENT

03/15/2013

Date

Electronic Signature of Signing Officer/Director Detail

Date