

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707071

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC4857078370**

**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

04/19/2016

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 DIRECTOR  
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 SANABRIA, NANCY  
Address 944 SAN PEDRO AVE  
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 KURT, FERDINAND  
Address 1561 AGUA AVE.  
City-State-Zip: CORAL GABLES FL 33156

Title DIRECTOR  
Name ZAMORANO, TITO  
Address 13420 SW 59 AVE.  
City-State-Zip: PINECREST FL 33156

**Continues on page 2**

*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**

04/19/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HARPER, JENNIFER  
Address        5970 SW 135 TERR.  
City-State-Zip: PINECREST FL 33156