2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718843

Entity Name: GABLES ESTATES CLUB, INC.

Current Principal Place of Business:

7550 SW 57TH AVENUE SUITE 204 MIAMI, FL 33143

Current Mailing Address:

7550 SW 57TH AVENUE SUITE #204 MIAMI, FL 33143 US

FEI Number: 59-6159364

Name and Address of Current Registered Agent:

MARIO A. LAMAR P.A. 3971 SW 8TH STREET SUITE 305 MIAMI, FL 33134 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	: MARIO A. LAMAR			02/24/2015
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	DIRECTOR/PRESIDENT	Title	DIRECTOR/VP	
Name	GUERRA, RENE	Name	TANO, ALBERT	
Address	650 LEUCADENDRA DRIVE	Address	211 ARVIDA PARKWAY	
City-State-Zip:	CORAL GABLES FL 33156	City-State-Zip:	CORAL GABLES FL 33156	
Title	DIRECTOR/VP	Title	DIRECTOR	
Name	BARED, JOSE	Name	FIORENZA, RANDALL	
Address	9025 ARIVIDA DRIVE	Address	530 ARVIDA PARKWAY	
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	CORAL GABLES FL 33156	
Title	DIRECTOR /TREASURER	Title	DIRECTOR	
Name	ARGIZ, ANTHONY	Name	BELL, TRISH	
Address	395 CASUARINA CONCOURSE	Address	457 LEUCADENDRA DRIVE	
City-State-Zip:	CORAL GABLES FL 33143	City-State-Zip:	MIAMI FL 33143	
Title	DIRECTOR	Title	DIRECTOR	
Name	LEON, BENJAMIN III	Name	SCHULZE, RICHARD DR.	
Address	9100 ARVIDA DR	Address	280 ARVIDA PKWY	
City-State-Zip:	CORAL GABLES FL 33156	City-State-Zip:	CORAL GABLES FL 33156	
		Continuos		

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	RENE GUERRA	PRESIDENT	02/24/2015
	Electronic Signature of Signing Officer/Director Detail		Date

FILED Feb 24, 2015 Secretary of State CC9686351774

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BASTIAN, BONNIE
Address	140 ARVIDA PKWY
City-State-Zip:	CORAL GABLES FL 33156