

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90267 003 ****61.25

DOCUMENT # 707071 1. Entity Name GABLES BY THE SEA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 13025 MAR ST CORAL GABLES, FL 33156 US			Mailing Address P.O. BOX 560927 MIAMI, FL 33156 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FCI Number 59-2090965			Accepted For ☐ Not Accepted		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HACKER, MICHAEL 10325 MAR ST CORAL GABLES, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the qualifications of registered agent.					
SIGNATURE: _____ Signature, typed or printed name of registered agent and fee paid. (If registered agent's signature required, attach the signature.)					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D LUCAS, JOHN 1441 AGUA AVE. CORAL GABLES, FL 33156	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D SANABRIA, GONZALO 944 SAN PEDRO AVE CORAL GABLES, FL 33156	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T FERNANDEZ, KATHLEEN 820 SAN PEDRO AVE CORAL GABLES, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D ZELHOFF, CARLA 1012 LUGO AVE CORAL GABLES, FL 33156	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HACKER, MICHAEL 13025 MAR STREET CORAL GABLES, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D ROBBINS, BILL 830 LUGO AVE CORAL GABLES, FL 33156	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T PEREZ, NANCY 1440 CAMPAMENTO AVENUE CORAL GABLES, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D CORBITT, MONICA 1145 SAN PEDRO CORAL GABLES, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SEIFER, MELISSA 842 SAN PEDRO AVE CORAL GABLES, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a "other" like empowered.					
SIGNATURE: <u>K. Fernandez</u> KATHLEEN FERNANDEZ 305-6663880 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					