2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707071

FILED Feb 25, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 820 SAN PEDRO AVE. CORAL GABLES, FL 33156 US **Current Mailing Address: New Mailing Address:** P.O. BOX 560927 MIAMI, FL 33156 US FEI Number: 59-2090965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDEZ, KATHLEEN 820 SAN PEDRO AVE MIAMI, FL 33156 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 Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition KUPPER, DONNA KUPPER, DONNA Name: Name: 13017 SAN MATEO AVE Address: 13017 SAN MATEO AVE Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: CORAL GABLES, FL 33156 Title: Title: () Delete () Change () Addition FERNANDEZ, KATHLEEN Name: Name: Address: 820 SAN PEDRO AVE Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: Title: () Delete Title: (X) Change () Addition QUESADA, FRANK Name: QUESADA, FRANK Name: 1301 LUGO AVE Address: Address: 1301 LUGO AVE City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156 Title: () Delete Title: () Change () Addition Name: PEREZ. NANCY Name: 1440 CAMPAMENTO AVENUE Address: Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: Title: () Delete Title: (X) Change () Addition SEIFER, MELISSA SEIFER, MELISSA Name: Name: 842 SAN PEDRO AVE. 842 SAN PEDRO AVE. Address: Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: CORAL GABLES, FL 33156 Title: () Delete Title: () Change (X) Addition ZELHOF, CARLA DIRECTO Name: Name: Address: Address: 1012 LUGO AVE CORAL GABLES, FL 33156 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN FERNANDEZ T 02/25/2009