FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713312 (7)

1. Corporation Name
GABLES ESTATES YACHT CLUB,INC.

Principal Place of Business	Mailing Address
P O BOX 393 SOUTH MIAMI FL 33243	P O BOX 393 SOUTH MIAMI FL 33243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1967
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-6159364 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLAKE, TIMOTHY C. E
66 W. FLAGLER ST.
SUITE 608
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: GEORGE, DR. PHILLIP
82 Street Address (P.O. Box Number Is Not Acceptable): 120 ARVIDA PARKWAY
83 GABLES -ESTATES
84 City: CORAL GABLES FL 85 Zip Code: 33156

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RC D	1.1 TITLE	☐ Change ☐ Addition
NAME	ORTEGA, JOSE	1.2 NAME	
STREET ADDRESS	300 ARVIDA PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	VC D	2.1 TITLE	☐ Change ☐ Addition
NAME	NASR, MICHEL	2.2 NAME	
STREET ADDRESS	365 ARVIDA PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	FCA D	3.1 TITLE	☐ Change ☐ Addition
NAME	THYREE, ROLF	3.2 NAME	
STREET ADDRESS	2 LEUCADENDRA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	S D	4.1 TITLE	S D ☒ Change ☐ Addition
NAME	SUITER, JACK	4.2 NAME	GILBRIDE, JAMES
STREET ADDRESS	230 ARVIDA PARKWAY	4.3 STREET ADDRESS	655 CASUARINA CONCOURSE
CITY-ST-ZIP	CORAL GABLES, FL 00000	4.4 CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	T D	5.1 TITLE	☐ Change ☐ Addition
NAME	LASHAR, WILLIAM L. JR.	5.2 NAME	
STREET ADDRESS	400 ARVIDA PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 00000	5.4 CITY-ST-ZIP	
TITLE	FSD D	6.1 TITLE	☐ Change ☐ Addition
NAME	BOHN, RICHARD H.	6.2 NAME	
STREET ADDRESS	540 CASUDRINA CONCRS	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0072660