2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
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AMOAE REI OR I						Secretary or State			
DOCUMENT # 713312 1. Entity Name GABLES ESTATES YACHT CLUB,INC.						02-16-200	4 90061 01	17 ****61.25	
P O BOX 39	ce of Business 3 41, FL 33243 -	Mailing Address P O BOX 393 SOUTH MIAMI, FL 3324	•			94015684			
			1 10 6 11 1 1 6 1 1 1 1 1 1		JOHN BINDI NIBIR BINDI	Irri bibli sighildi si ibbi			
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-NP	CR2E037	(10/03)	
City & Sta	te	City & State			4. FEI Number 59-61593			Applied For	
Zip	Country	Zíp	Country	y	5. Certificate of S		□ \$ {	Not Applicable 3.75 Additional e Required	
٠	- 6. Name and Address of Current I	laçistered Agent -			7Name and Ad	dress of New I	Registered Age	ent ·	
RICHARD	SON, KATHLEEN L		'	Name _SA/	OME				
16241 SW 282 ST HOMESTEAD, FL 33031				Street Address (ess (P.O. Box Number is Not Acceptable)				
			-	City FL Zip Code				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 obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE: DA									
November 1	<u></u>	(10)		en signature required	· · · · · · · · · · · · · · · · · · ·	igrafia, romani pa Tricologia	3. DATE ON .	er of the second	
CALCULATES:	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Ca			\$5.00 May Be Added to Fees		Make check p orida Departm		
10	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	SES TO OFFICE	ERS AND DIREC	CTORS IN 10	
TITLE	RCD .	☐ Delete	TITLE	C		'' 	· · · · · · · · · · · · · · · · · · ·	Change - Addition	
NAME STREET ADDRESS	NEWHAUSER, SUSAN		NAME STREET AC	TIPECC JORT	ZGA JOS ARVIDA	PADU	IAU		
CiTY-ST-ZIP	CORAL GABLES, FL		CITY-ST-		eat Gab			2/5/	
TITLE	VCD	☐ Delete	TITLE	VC.	ar our	<u>/e_3</u>	<u> </u>	Change Addition	
NAME	NEWHAUSER, RICHARD		NAME	ROS	SS JAC	K .			
STREET ADDRESS	1 ARVIDA PARKWAY		STREET AL	DORESS ZZ	LEUCA	DENIOR	A DR	108	
CITY-ST-ZIP	COARL GABLES, FL 33156		CITY-ST-	IP COR	Al Gable	is FL	<u>. 33</u>	156	
TITLE	FCAD	☐ Delete	TITLE	FCA			1	Change	
NAME STREET ADDRESS	THYREE, MUFFIE 2 LEUCADENDRA DR.		NAME Street ac	TAR	P GEORG	Z Depru	AU		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-2	1227	ARVIDA	ec e	ジース	3/56	
TITLE	SD	☐ Delete	TITLE S					Change Addition	
NAME	GILBRIDE, JAMES	Oddio	NAME	-	erra, RE	10 C	Aprile	• • —	
STREET ADDRESS	655 CASUARINA CONCOURSE		STREET AD	2011230	D LEUCAL	_	DRIVE	<u> </u>	
CITY-ST-ZIP	CORAL GABLES, FL	_	CITY-ST-	ZIP COR	AL GABIE	ss, F	<u> 237,</u>	5.6	
TITLE	FSDD BOHN, RICHARD H.	☐ Delete	TITLE	150		,	_	Change Addition	
NAME STREET ADDRESS	540 CASUDRINA CONCRS		NAME STREET AD	DORESS JOC	ticasua	rina (Concoi	irse.	
-CITY+ST-ZIP	CORAL GABLES, FL		CITY-ST-	7,00		233	FL .	33/47	
TITLE		□ Delete	TITLE		_			Change - Addition	
NAME	ទាស់ក្រុសស្គាល់ ខ្លួសស្គាល់ ស្ត្រី គេគឺ ខ្លួសស្គាល់ក្រុសស្គា	1 ()	NAME			/ / - ·		A William Townson Superior Control	
STREET ADDRESS CITY-ST-ZIP	the second secon	4	STREET AD	l l	•			eq Marie	
. 12. I hereby	certify that the information supplied with	his filing does not qualify for t	the exempti	ion stated in Sec	ction 119 07/3Vi). FI	lorida Statutes	Lighter certify	that the information	
of the co	on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address, w	true and accurate and that my wered to execute this reporta	y signature is required l	shall have the s	e roalla lenel emes	if made under	ooth; that I am	on officer or discussed it	

SIGNATURE: HALLEN KATHLEEN KAT