

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90056 004 ****61.25

DOCUMENT # 713312

1. Entity Name
GABLES ESTATES YACHT CLUB, INC.



Principal Place of Business
**P O BOX 393
SOUTH MIAMI, FL 33243**

Mailing Address
**P O BOX 393
SOUTH MIAMI, FL 33243**

00011623



01092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-6159364

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARDSON, KATHLEEN L
16241 SW 282 ST
HOMESTEAD, FL 33031**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
ORTEGA, JOSE
300 ARVIDA PARWAY
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ROSS, JACK
120 LEUCADENDRA DR
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
CANEL, DANIEL
555 ARVIDA PARKWAY
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GUERRA, RENE
650 LEUCADENDRA DR
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**FSDD
BELL, TRISH
100 CASUARINA CONCOURSE
CORAL GABLES, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #