


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718843</b> 1. Entity Name <b>GABLES ESTATES CLUB, INC.</b>	
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Principal Place of Business <b>P O BOX 393 SOUTH MIAMI, FL 33243</b>	Mailing Address <b>P O BOX 393 SOUTH MIAMI, FL 33243</b>
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**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6159364</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RICHARDSON, KATHLEEN 16241 SW 282 ST HOMESTEAD, FL 33031</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>4000000656176</b> <b>03/14/07-80015-016 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTEGA, JOSE 300 ARVIDA PARKWAY MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUERRA, RENE 650 LEUCADENDRA DRIVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAPED, JOSE 9025 ARVIDA DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JAK 120 LEUCADENDRA DRIVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIRANDA, GUILLTERMO 410 LENCADENDRA DR. CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, TRISH 100 CASUARINA CONCOURSE MIAMI, FL 33143

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/3/07 305 248 7746</b> <small>Date Daytime Phone #</small>
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