2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 718843

Entity Name: GABLES ESTATES CLUB, INC.

Current Principal Place of Business:

16241 SW 282 STREET
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

P O BOX 393
SOUTH MIAMI, FL 33243

New Mailing Address:

FEI Number: 59-6159364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDSON, KATHLEEN
16241 SW 282 ST
HOMESTEAD, FL 33031 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	GUERRA, RENE	
Address:	650 LEUCADENDRA DRIVE	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	VP	( ) Delete
Name:	RUFFE, SISSY	
Address:	110 ARVIDA PARKWAY	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	VP-2	( ) Delete
Name:	BAPED, JOSE	
Address:	9025 ARIVIDA DRIVE	
City-St-Zip:	MIAMI, FL 33156	
Title:	S	( ) Delete
Name:	BOX, WILLIAM	
Address:	300 LEUCADENDRA DRIVE	
City-St-Zip:	MIAMI, FL 33156	
Title:	T	( ) Delete
Name:	ARGIZ, ANTHONY	
Address:	395 CASUARINA CONCOURSE	
City-St-Zip:	CORAL GABLES, FL 33143	
Title:	D	( ) Delete
Name:	BELL, TRISH	
Address:	457 LEUCADENDRA DRIVE	
City-St-Zip:	MIAMI, FL 33143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: RENE GUERRA, JR. PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date