## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998 **DOCUMENT #**Corporation Name

M. Tarabana

(4)

GABLES GROVES HOWEOWNERS ASSOCIATION, INC.					
Principal Plac	e of Business	Mailing Address			
3648 SW 16TH TERR MIAMI FL 33145		3634 SW 16 TERR MIAMI FL 33145 US		3. Date Incorporated or Qualified  04/28/1987  4. FEI Number Applied For	
				65-0110853	Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	S8.75 Additional
Suite, Apt.	# etc	Suite, Apt. #, etc.		& Florida Octobrila Florida	Fee Required
22	<b>", \$10</b> .	27		<ol> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ol>	\$5.00 May Be
City & State	9	City & State		7. Is this nonprofit corporation a hon	neowners association?
23		28			Yes No
Zip	Country	Zip .	Country	8. This corporation owes or has paid	
24	9. Name and Address of Curre		30	Personal Property Tax due June 3  10. Name and Address of New Reg	
	Traile and Accides of Curto	it registered Agent	81 Name	To. Hallie sile Moures of New Hey	istalaa Ağalıt
(A) N7AI	.EZ. ARMANDO		<u> </u>		<del></del>
3634 SW 16 TERR			82 Street Ad	ddress (P.O. Box Number is Not Acceptable	8)
MAMI FL 33145			83		
			84 City		85 Zip Code
			,		FL   T
11. Pursuant i	to the provisions of Sections 617.050 egistered agent, or both, in the State	)2 and 617.1508, Florida Statute i of Florida. Such change was a	es, the above-named couthorized by the corpo	orporation submits this statement for the puretion's board of directors. I hereby accept	rpose of changing its registered in the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flo	rida Statutes.		
SIGNATURE .	Signalure, typed or printed name of registered ag-	ent and title if applicable (NOTE	: Registered Agent signature re	guired when (einstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE	President	Change 2 Addition
NAME	NUBIA, FLORES		1.2 NAME	Jesus Guerra	
STREET ADDRESS	3628 S.W. 16TH TERRACE		1.3 STREET ADDRESS	3622 SW 16th Terrace	•
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY-ST-ZIP	Miami, Florida, 33145	D Character D Addition
TITLE	D LIDDEA LIDA E	T DETEIE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	URREA, LIDA E 3644 SW 16 TERR		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	NINO, ADRIANA	-	3.2 NAME		
STREET ADDRESS	3632 SW 16 TERR		3.3 STREET ADDRESS		
CITY-\$T-ZIP	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		L Change Addition
NAME	GONZALEZ, ARMANDO		4. 2 NAME		
STREET ADDRESS ! CITY-ST-ZIP	3634 SW 16 TERRACE MIAMI FL		4.3 STREET ADDRESS 4.4 City-St-Zip		
TITLE	MICANI T L	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		_ ,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees 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 attackment with an address.

**SIGNATURE:** 

03-28-98

**FILED** 

Mar 10 1998 8:00am

Secretary of State