2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

	ANNUAL	REPURI		Secretary of State
DOCUMENT # N20361 1. Entity Name GABLES GROVES HOMEOWNERS' ASSOCIATION, INC.				05-04-2004 90184 014 ****61.25
Principal Place of Business 3648 SW 16TH TERR MIAMI, FL 33145		Mailing Address 3634 SW 16 TERR MIAMI, FL 33145 US		14020387
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242004 Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
GONZALE 3634 SW 1 MIAMI, FL			Street A	Address (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
SIGNATURE	Signatule, viged or printer name of legislared agent in Filling Fee is \$61.25 Due by May 1, 2004	nd title if applicable 9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Make check payable to
TITLE	D			
NAME STREET ADDRESS CITY-ST-ZIP	NUBIA, FLORES 3628 S.W. 16TH TERRACE MIAMI, FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUSTARO, BANNANA 3680 SW 16TH TERRACE MIAMI, FL 33145	RZ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUSTAVO, BARRAZA Change Addition 36 805W 16 Canoce Muon FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ARMANDO 3634 SW 16 TERRACE MIAMI, FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLO, NESTOR 3648 SW 16 TERR MIAMI, FL	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLO, NESTOR R. Definge Addition 36485416 terrore, MIAMI PL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NESTOR, POLO 3648 SW 16TH TERRACE MIAMI, FL 33145	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	D RAMIRO, PEACH 3642 SW 16TH TERRACE	Delete	TITLE NAME STREET ADDRESS	RAMINO PETEZ Behange Addition 3642 Sw 1674 TETE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report in 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 expowered 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:

i.

SIGNATURE AND TO BE OF PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

Daytime Phone #