

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20361

FILED
Apr 28, 2009
Secretary of State

Entity Name: GABLES GROVES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3648 SW 16TH TERR
MIAMI, FL 33145

New Principal Place of Business:

3620 SW 16TH TERR
MIAMI, FL 33145

Current Mailing Address:

3634 SW 16 TERR
MIAMI, FL 33145 US

New Mailing Address:

3620 SW 16TH TERR
MIAMI, FL 33145

FEI Number: 65-0110853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ARMANDO
3634 SW 16 TERR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CESPEDES, MIRTHA
3620 SW 16 TERR
MIAMI, FL 33145 US

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: MIRTHA CESPEDES

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZAMORD, OLGA D
Address: 3638 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: GONZALEZ, ARMANDO
Address: 3634 SW 16 TERRACE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: POLO, NESTOR
Address: 3648 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: GUERRA, GLADYS
Address: 3622 SW 16TH TERR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALDERON, NOELIA
Address: 3650 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

Title: V (X) Change () Addition
Name: POLO, NESTOR
Address: 3648 SW 16 TERRACE
City-St-Zip: MIAMI, FL 33145

Title: T (X) Change () Addition
Name: CESPEDES, MIRTHA
Address: 3620 SW 16 TERR
City-St-Zip: MIAMI, FL 33145

Title: S (X) Change () Addition
Name: BERNAL, JORGE
Address: 3636 SW 16TH TERR
City-St-Zip: MIAMI, FL 33145

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: MIRTHA CESPEDES

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04/28/2009

Electronic Signature of Signing Officer or Director

Date