

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000005529 (2)**

1. Corporation Name

**THE GABLES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

9471 BAYMEADOWS RD.  
SUITE 403  
JACKSONVILLE FL 32257

7865 SOUTHSIDE BLVD  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified  
**11/08/1994**

3a. Date of Last Report  
**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21 **9551 Baymeadows Rd**

26 **9551 Baymeadows Rd**

4. FEI Number  
**59-3301812**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 4**

27 **Suite 4**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

23 **Jacksonville, FL**

28 **Jacksonville, FL 32256**

24 **32256** 25 **US**

29 **32256** 30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATKERSON, CHARLES F  
9471 BAYMEADOWS RD.  
SUITE 403  
JACKSONVILLE FL 32257**

81 Name  
**L. Denise Wallace**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9551 Baymeadows Rd Suite 4**  
83  
84 City  
**Jacksonville** 85 Zip Code  
**FL 32256**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *L. Denise Wallace*  
Signature, typed or printed name of registered agent or title if applicable

**L. Denise Wallace, Agent**  
(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BREEDING, HELEN</b>	
STREET ADDRESS	<b>7865 SOUTHSIDE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>ATKERSON, CHARLES F</b>	
STREET ADDRESS	<b>9471 BAYMEADOWS RD., SUITE 403</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVERFIELD, GARY</b>	
STREET ADDRESS	<b>2120 CORPORATE SQUARE BLVD., SUITE 3</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>7865 Southside Blvd.</b>
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>7865 Southside Blvd</b>
34 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 empowered 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 attachment with an address.

SIGNATURE:

*Helen Breeding*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Helen Breeding, President

**1/16/96**  
DATE

**9046421720**  
Daytime Phone #

CR2E037 (12/95)