

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005529 (2)**  
1. Corporation Name  
**THE GABLES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US</b>	Mailing Address <b>9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256-0107 US</b>
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3. Date Incorporated or Qualified <b>11/08/1994</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>59-3301812</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt #, etc. <b>22</b>	Suite, Apt #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**WALLACE, DENISE L.  
9551 BAYMEADOWS RD  
STE 4  
JACKSONVILLE FL 32256**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BREEDING, HELEN</b>	
STREET ADDRESS	<b>7885 SOUTHSIDE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ATKERSON, CHARLES F</b>	
STREET ADDRESS	<b>9471 BAYMEADOWS RD., SUITE 403</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SILVERFIELD, GARY</b>	
STREET ADDRESS	<b>7885 SOUTHSIDE BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
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**

1.1 TITLE	<b>P D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Mason, Deborah Q.</b>	
1.3 STREET ADDRESS	<b>11046 Ashford Gable Place</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
2.1 TITLE	<b>VP D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bacon, David K.</b>	
2.3 STREET ADDRESS	<b>5231 Stanford Gable Place</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
3.1 TITLE	<b>VP D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Torres, Francisco</b>	
3.3 STREET ADDRESS	<b>5281 Heathwood Gable Lane</b>	
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
4.1 TITLE	<b>S D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Weiss, Eric D.</b>	
4.3 STREET ADDRESS	<b>5316 Hampton Gable Court</b>	
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
5.1 TITLE	<b>T D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Keating, Rhonda M.</b>	
5.3 STREET ADDRESS	<b>5322 Oxford Gable Lane</b>	
5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Deborah Mason* President **3/27/97** 904-733-6690

CR2E037 (9/96)