


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 31 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US	Mailing Address 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US
---	---

3. Date Incorporated or Qualified 11/08/1994
4. FEI Number 59-3301812
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 9471 Baymeadows Road Suite, Apt. #, etc. 22 Suite 404 City & State 23 Jacksonville, FL Zip 24 32256	2a. Mailing Address 26 9471 Baymeadows Road Suite, Apt. #, etc. 27 Suite 404 City & State 28 Jacksonville, FL Zip 29 32256
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MASON, DEBORAH O	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11048 ASHFORD GABLE PLACE	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD BACON, DAVID K	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5231 STANFORD GABLE PLACE	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD TORRES, FRANCISCO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5281 HEATHWOOD GABLE LANE	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD WEISS, ERIC D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5316 HAMPTON GABLE COURT	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD KEATING, RHONDA M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5322 OXFORD GABLE LANE	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MASON, DEBORAH O	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11048 ASHFORD GABLE PLACE	1.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD BACON, DAVID K	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5231 STANFORD GABLE PLACE	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD TORRES, FRANCISCO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5281 HEATHWOOD GABLE LANE	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD WEISS, ERIC D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5316 HAMPTON GABLE COURT	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD KEATING, RHONDA M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5322 OXFORD GABLE LANE	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 O Mason* 3/25/98

CF2E037 (10/97)