

**2000 UNIFORM BUSINESS REPORT (UBR)**

3.

**DOCUMENT # N94000005529**

1. Entity Name

**THE GABLES HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90014 034 \*\*\*\*61.25

Principal Place of Business 9471 BAYMEADOWS RD STE 404 JACKSONVILLE FL 32256 US	Mailing Address 9471 BAYMEADOWS RD STE 404 JACKSONVILLE FL 32256-7937 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266	Country USA	3. Mailing Address 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266	Country USA
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4. FEI Number 59-3301812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, DENISE L.  
9471 BAYMEADOWS RD  
STE 404  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
920 Third Street  
Suite B  
City  
Neptune Beach, FL  
Zip Code  
32266

8. 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 Wallace, Denise L. 1/11/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BACON, DAVID K 5231 STANFORD GABLE PLACE JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TORRES, FRANCISCO 5281 HEATHWOOD GABLE LANE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEISS, ERIC D 5316 HAMPTON GABLE COURT JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEATING, RHONDA M 5322 OXFORD GABLE LANE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP Amy Deeney 5257 Heathwood Gable Terrace Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rebecca Picket 11027 Sky Lark Drive Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Heidi Walsh 5313 Hampton Gable Court W. Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD Lila Johnson 5269 Heathwood Gable Terrace Jacksonville, FL 32257	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David K. Bacon 1-21-2000 904-464-6021  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)