

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90136 032 \*\*\*\*61.25

**DOCUMENT # N94000005529**

1. Entity Name

**THE GABLES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

920 THIRD STREET  
 SUITE B  
 NEPTUNE BEACH FL 32266  
 US

920 THIRD STREET  
 SUITE B  
 NEPTUNE BEACH FL 32266  
 US

B0067868



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3301812**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, DENISE L.  
 920 THIRD STREET  
 SUITE B  
 NEPTUNE BEACH FL 32266

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	LOPEZ, FRANK		
5244 STANFORD GABLE PLACE	JACKSONVILLE FL 32257		
VDP	DEENEY, AMY	VDP	Frank Torres
5257 HEATHWOOD GABLE TERRACE	JACKSONVILLE FL 32257	5281 Heathwood Gable	Jacksonville, FL 32257
SD	PICKET, REBECCA	STD	Rhonda Keating
11027 SKY LARK DRIVE	JACKSONVILLE FL 32257	5322 Oxford Gable Lane E	Jacksonville, FL 32257
TD	WALSH, HEIDI		
5313 HAMPTON GABLE COURT W	JACKSONVILLE FL 32257		
2VP	JOHNSON, LILA		
5269 HEATHWOOD GABLE TERRACE	JACKSONVILLE FL 32257		

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)