


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 049 ****61.25

DOCUMENT # N94000005529

1. Entity Name
 THE GABLES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 920 THIRD STREET
 SUITE B
 NEPTUNE BEACH, FL 32266 US

Mailing Address
 920 THIRD STREET
 SUITE B
 NEPTUNE BEACH, FL 32266 US

50043002



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03182005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-3301812

Applied For
 Not Applicable

Zip Country

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

5. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME LOPEZ, FRANK
 STREET ADDRESS 5244 STANFORD GABLE PLACE
 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE PD Change Addition
 NAME Deborah Johnson
 STREET ADDRESS 5310 Hampton Gable Ct. W.
 CITY-ST-ZIP Jacksonville, FL 32257

TITLE VDP Delete
 NAME TORRES, FRANK
 STREET ADDRESS 5281 HEATHWOOD GABLE
 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VPD Change Addition
 NAME Windie Chaleka
 STREET ADDRESS 11019 Ashford Gable Place
 CITY-ST-ZIP Jacksonville, FL 32257

TITLE SD Delete
 NAME KEATING, RHONDA
 STREET ADDRESS 5322 OXFORD GABLE LANE E
 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE SD Change Addition
 NAME Sabrina Wickham
 STREET ADDRESS 5331 Oxford Gable Ln. E.
 CITY-ST-ZIP Jacksonville, FL 32257

TITLE TD Delete
 NAME JOHNSON, DEBORAH
 STREET ADDRESS 5310 HAMPTON GABLE COURT W
 CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE TD Change Addition
 NAME William P. Farrell
 STREET ADDRESS 5245 Stanford Gable Place
 CITY-ST-ZIP Jacksonville, FL 32257

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Deborah A. Johnson **DEBORAH A. JOHNSON** 4/14/05 904-260-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #