

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N9400000529

Entity Name: THE GABLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

Current Mailing Address:

920 THIRD STREET
SUITE B
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

FEI Number: 59-3301812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, DEBORAH
Address: 5310 HAMPTON GABLE COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD () Delete
Name: FARRELL, WILLIAM
Address: 5245 STAFORD GABLE PLACE
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COPE, SCOTT R
Address: 11073 ASHFORD GABLE PLACE
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. DENISE WALLACE

RA

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date