


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 10 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N20361** (4)  
1. Corporation Name  
**GABLES GROVES HOMEOWNERS' ASSOCIATION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>3648 SW 16TH TERR<br/>MIAMI FL 33145</b> | Mailing Address<br><b>3634 SW 16 TERR<br/>MIAMI FL 33145<br/>US</b> |
|--|---|

|  |                               |
|--|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/28/1987</b> |                               |
| 4. FEI Number<br><b>65-0110853</b>                     | Applied For<br>Not Applicable |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc. |
| 22<br>City & State  | 27<br>City & State                               |
| 23<br>Zip   | 28<br>Country                                    |
| 24<br>Country   | 25<br>Zip  |
| 29<br>Country   | 30<br>Zip  |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input 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 type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**GONZALEZ, ARMANDO  
3634 SW 16 TERR  
MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>NUBIA, FLORES</b>                                |
| STREET ADDRESS | <b>3628 S.W. 16TH TERRACE</b>                       |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>URREA, LIDA E</b>                                |
| STREET ADDRESS | <b>3644 SW 16 TERR</b>                              |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>NINO, ADRIANA</b>                                |
| STREET ADDRESS | <b>3632 SW 16 TERR</b>                              |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>GONZALEZ, ARMANDO</b>                            |
| STREET ADDRESS | <b>3634 SW 16 TERRACE</b>                           |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                                     |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE                     |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>President</b>   |
| 1.3 STREET ADDRESS | <b>Jesus Guerra</b>  |
| 1.4 CITY-ST-ZIP    | <b>3622 SW 16th Terrace<br/>Miami, Florida, 33145</b>                        |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 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)(l), 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: *Armando Gonzalez* **03-28-98**

CR2E037 (1097)