


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90058 027 ****61.25

DOCUMENT # N20361
1. Entity Name
GABLES GROVES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
**3648 SW 16TH TERR
MIAMI FL 33145** **3634 SW 16 TERR
MIAMI FL 33145
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0110853 Not Applicable

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



1st MOORE CR2E037 (10/04)

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

7. Name and Address of New Registered Agent
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 *Armando Gonzalez* January 28, 2005
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
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

| | | |
|----------------|----------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GUSTAVO, BARRAZA | |
| STREET ADDRESS | 3680 SW 16TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, ARMANDO | |
| STREET ADDRESS | 3634 SW 16 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | POLO, NESTOR | |
| STREET ADDRESS | 3648 SW 16 TERR | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RAMIRO, PEREZ | |
| STREET ADDRESS | 3642 SW 16TH TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Guevarra, Jesus | |
| STREET ADDRESS | 3622 SW 16 Terrace | |
| CITY-ST-ZIP | Miami Florida 33145 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Armando Gonzalez* January 28, 2005 (305) 441-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #