


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90159 004 \*\*\*\*61.25

**DOCUMENT # N20361**

1. Entity Name  
**GABLES GROVES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**3648 SW 16TH TERR  
MIAMI FL 33145**

Mailing Address  
**3634 SW 16 TERR  
MIAMI FL 33145  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0110853** Applied For  Not Applicable

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

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

**FILE NOW: FEE IS \$61.25**

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	<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>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUERRA, JESUS</b>	
STREET ADDRESS	<b>3622 SW 16TH TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POLO, NESTOR</b>	
STREET ADDRESS	<b>3648 SW 16 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARCIA, SERRA L</b>	
STREET ADDRESS	<b>3636 SW 16 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Peac, Ramiro</b>	
STREET ADDRESS	<b>3642 SW 16th Terrace</b>	
CITY-ST-ZIP	<b>Miami Florida 33145</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Polo, Nestor</b>	
STREET ADDRESS	<b>3648 SW 16th Terrace</b>	
CITY-ST-ZIP	<b>Miami Florida 33145</b>	
TITLE	<b>D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Barrera, Gustavo</b>	
STREET ADDRESS	<b>3650 SW 16th Terrace</b>	
CITY-ST-ZIP	<b>Miami Florida 33145</b>	
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* **ARMANDO GONZALEZ** 01/30/03 (305) 643-3131

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

CR2E037 (10/02)