

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005529

**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC5701259362**

**Entity Name:** THE GABLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

920 THIRD STREET  
SUITE B  
NEPTUNE BEACH, FL 32266

**Current Mailing Address:**

920 THIRD STREET  
SUITE B  
NEPTUNE BEACH, FL 32266 US

**FEI Number:** 59-3301812

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title           BD  
Name           ROBERTS, ETHAN S  
Address        920 THIRD STREET, STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

Title           PRESIDENT  
Name           BARREN-WALSH, HEIDI L  
Address        920 THIRD STREET, STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

Title           BD  
Name           COPE, SCOTT R  
Address        920 THIRD STREET, STE B  
City-State-Zip: NEPTUNE BEACH FL 32266

*I hereby 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 all other like empowered.*

**SIGNATURE:** BARREN-WALSH , HEIDI L

**PRESIDENT**

**03/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date