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: HEIDI L. BRAREN-WALSH

Electronic Signature of Signing Officer/Director Detail

# 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N94000005529

Entity Name: THE GABLES HOMEOWNERS ASSOCIATION, INC.

#### Current Principal Place of Business:

6196 LAKE GRAY BOULEVARD SUITE 103 JACKSONVILLE, FL 32244

## **Current Mailing Address:**

6196 LAKE GRAY BOULEVARD SUITE 103 JACKSONVILLE, FL 32244 US

## FEI Number: 59-3301812

### Name and Address of Current Registered Agent:

DUVAL REALTY, INC. 6196 LAKE GRAY BOULEVARD SUITE 103 JACKSONVILLE, FL 32244 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	E PATRICIA A. MALLARD			02/07/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	DIRECTOR, VP	Title	DIRECTOR, PRESIDENT	
Name	ROBERTS, ETHAN S	Name	BRAREN-WALSH, HEIDI L	
Address	6196 LAKE GRAY BOULEVARD SUITE 103	Address	6196 LAKE GRAY BOULEVARE SUITE 103	)
City-State-Zip:	JACKSONVILLE FL 32244	City-State-Zip:	JACKSONVILLE FL 32244	
Title	DIRECTOR, SECRETARY, TREASURER			
Name	WILHOITE, KATHLEEN R			
Address	6196 LAKE GRAY BOULEVARD SUITE 103			
City-State-Zip:	JACKSONVILLE FL 32244			

Certificate of Status Desired: No

FILED Feb 07, 2020 Secretary of State 8241758681CC

> 02/07/2020 Date