


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01877
 1. Entity Name
THE GABLES OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 222 S LINCOLN AVE 222 S LINCOLN AVE
 TAMPA, FL 33609 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE



01252004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 THULLBERY, SALLY
 222 S LINCOLN AVE
 TAMPA, FL 33609

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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT THULLBERY, SALLY L 222 S LINCOLN AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLIGAN, ANNE 222 S LINCOLN AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBERG, STEPHANIE 222 S LINCOLN AVE TAMPA, FL 33609
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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: Sally L Thullbery **SALLY L. Thullbery** 1-25-04 813 846-800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #