


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 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**



02202006 No Chg-NP      CRZE037 (11/05)

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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      OFFICE: Registered Agent signature required when reestablished      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

1100000444948  
 03/07/06-80023-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SO</b> <b>THULLBERY, SALLY L</b> <b>222 S LINCOLN AVE</b> <b>TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <b>MULLIGAN, ANNE</b> <b>222 S LINCOLN AVE</b> <b>TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AMBERG, STEPHANIE</b> <b>222 S LINCOLN AVE</b> <b>TAMPA, FL 33609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 510, 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 517, 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**      2/20/06      (813)846-8010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Oath or Phrase if