2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

01052007   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
NOT APPLICABLE	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 _____

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

Filing Fee is $61.25 **Due by May 1, 2007**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	SDT	
NAME	THULLBERY, SALLY L	
STREET ADDRESS	222 S LINCOLN AVE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	VD	
NAME	MULLIGAN, ANNE	
STREET ADDRESS	222 S LINCOLN AVE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	D	
NAME	AMBERG, STEPHANIE	
STREET ADDRESS	222 S LINCOLN AVE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/11/07-80049-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Thully_   SAlly L. Thullbory   1/7/07   (813)846-80?0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #