


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90032 038 ****61.25

DOCUMENT # N01877 1. Entity Name THE GABLES OWNERS ASSOCIATION, INC.	
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Principal Place of Business 222 S LINCOLN AVE TAMPA, FL 33609	Mailing Address 222 S LINCOLN AVE TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

Filing Fee is \$81.25
Due by May 1, 2008

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 J Thullbery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-08 813846-8010
Date Daytime Phone #