

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01877

FILED  
Feb 05, 2011  
Secretary of State

**Entity Name:** THE GABLES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

222 S LINCOLN AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

222 S LINCOLN AVE  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THULLBERY, SALLY  
222 S LINCOLN AVE  
TAMPA, FL 33609    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      SDT  
Name:                      THULLBERY, SALLY L  
Address:                      222 S LINCOLN AVE  
City-St-Zip:                      TAMPA, FL 33609

Title:                      VD  
Name:                      MULLIGAN, ANNE  
Address:                      222 S LINCOLN AVE  
City-St-Zip:                      TAMPA, FL 33609

Title:                      D  
Name:                      AMBERG, STEPHANIE  
Address:                      222 S LINCOLN AVE  
City-St-Zip:                      TAMPA, FL 33609

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: SALLY L. THULLBERY

SDT

02/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date