

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90226 010 \*\*\*\*61.25

DOCUMENT # N01877

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



Principal Place of Business  
**218 S LINCOLN  
TAMPA FL 33609**

Mailing Address  
**218 S LINCOLN  
TAMPA FL 33609**

2. Principal Place of Business  
**222 S. Lincoln Ave**

3. Mailing Address  
**222 S. Lincoln Ave**

City & State  
**Tampa FL**

City & State  
**Tampa FL**

Zip  
**33609**

Country  
**US**

Zip  
**33609**

Country  
**U.S.**

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  
**CHRISTY, MARGARET A  
218 S LINCOLN AVE  
TAMPA FL 33609-0047**

7. Name and Address of New Registered Agent  
Name **SALLY L. Thullbery**  
Street Address (P.O. Box Number is Not Acceptable)  
**222 S. LINCOLN AVE**  
City **Tampa** FL Zip Code **33609**

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 **Sally L Thullbery SDT** DATE **1/19/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>SDT</b>	<b>CHRISTY, MARGARET ANN</b> <input checked="" type="checkbox"/> Delete
NAME	<b>218 S LINCOLN</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>VD</b>	<b>LINZ, JOSEPHINE</b> <input checked="" type="checkbox"/> Delete
NAME	<b>224 S LINCOLN AVE.</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>FRYE, RITA</b> <input checked="" type="checkbox"/> Delete
NAME	<b>230 S LINCOLN</b>
STREET ADDRESS	<b>TAMPA FL</b>
CITY-ST-ZIP	
TITLE <b>SDT</b>	<b>SALLY L. Thullbery</b> <input type="checkbox"/> Delete
NAME	<b>222 S. LINCOLN AVE</b>
STREET ADDRESS	<b>Tampa FL 33609</b>
CITY-ST-ZIP	
TITLE <b>VD</b>	<b>Anne P. Mulligan</b> <input type="checkbox"/> Delete
NAME	<b>222 S. LINCOLN AVE</b>
STREET ADDRESS	<b>Tampa FL 33609</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>Stephanie Amberg</b> <input type="checkbox"/> Delete
NAME	<b>226 S. LINCOLN AVE</b>
STREET ADDRESS	<b>Tampa FL 33609</b>
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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** DATE: **1/19/03** PHONE: **(813)846-8010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)