

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01877

**FILED  
Feb 02, 2014  
Secretary of State  
CC2397301078**

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

**Current Principal Place of Business:**

222 S LINCOLN AVE  
TAMPA, FL 33609-3047

**Current Mailing Address:**

222 S LINCOLN AVE  
TAMPA, FL 33609-3047

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

Title VD  
Name MULLIGAN, ANN P  
Address 222 S LINCOLN AVE  
City-State-Zip: TAMPA FL 33609

Title D  
Name AMBERG, STEPHANIE  
Address 226 S LINCOLN AVE  
City-State-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**

**02/02/2014**

Electronic Signature of Signing Officer/Director Detail

Date