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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 720269 (0)
1. Corporation Name

GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
RM. 4, B.G.C.C. 1ST STREET RM. 4, B.G.C.C. 1ST STREET
P. O. BOX 446 P. O. BOX 446
BOCA GRANDE FL 33921 BOCA GRANDE FL 33921

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/28/1971 3a. Date of Last Report 03/25/1994
4. FEI Number 23-7097778 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country
24 25 29 30

9. Name and Address of Current Registered Agent
HEFFERNAN, JOHN W.
2511-25TH STREET
BOCA GRANDE FL 33921

10. Name and Address of New Registered Agent
81 Name Mr. Samuel W. Murphy
82 Street Address (P.O. Box Number is Not Acceptable) 2610 Shore Lane
83
84 City Boca Grande, FL 85 Zip Code 33921

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Samuel W. Murphy
Signature, typed or printed name of registered agent and title if applicable

DATE: 3/14/95
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOOVER, MARY
STREET ADDRESS	PALM AVENUE
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	VP
NAME	SEARLES, ROBERT L.
STREET ADDRESS	2943 SHORE LANE
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	S
NAME	KUHL, NELL
STREET ADDRESS	258 PILOT ST.
CITY - ST - ZIP	BOCA GRANDE, FL 00000
TITLE	T
NAME	COALE, EDWARD H
STREET ADDRESS	SHORE LANE
CITY - ST - ZIP	BOCA GRANDE, FL 00000
TITLE	D
NAME	BUTTS, FREDERIC H
STREET ADDRESS	BOCA GRANDE CLUB
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	D
NAME	FUTCH, MARK L.
STREET ADDRESS	TARPOON AVENUE
CITY - ST - ZIP	BOCA GRANDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nancy Sholley	
1.3 STREET ADDRESS	1120 11th Street	
1.4 CITY - ST - ZIP	Boca Grande, FL 33921	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doris Bishop	
3.3 STREET ADDRESS	Railroad Avenue	
3.4 CITY - ST - ZIP	Boca Grande, FL 33921	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Peter Sieglaff	
6.3 STREET ADDRESS	261 Waterways Ave.	
6.4 CITY - ST - ZIP	Boca Grande, FL 33921	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Samuel W. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

DATE: 3/14/95
813-964-2970
Typed Phone #