

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 720269 (0)**  
1. Corporation Name

**GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **05/28/1971**  
3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)  
4. FEI Number: **23-7097778**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **MURPHY, SAMUEL W 2610 SHORE LANE BOCA GRANDE FL 33921**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>S</b>	NAME: <b>SHOLLEY, NANCY</b> STREET ADDRESS: <b>1120 11TH STREET</b> CITY-ST-ZIP: <b>BOCA GRANDE FL</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VP</b>	NAME: <b>SEARLES, ROBERT L.</b> STREET ADDRESS: <b>2943 SHORE LANE</b> CITY-ST-ZIP: <b>BOCA GRANDE FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	NAME: <b>BISHOP, DORIS</b> STREET ADDRESS: <b>RAILROAD AVENUE</b> CITY-ST-ZIP: <b>BOCA GRANDE, FL 00000</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>T</b>	NAME: <b>GOALE, EDWARD H</b> STREET ADDRESS: <b>SHORE LANE</b> CITY-ST-ZIP: <b>BOCA GRANDE, FL 00000</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	NAME: <b>BUTTS, FREDERIC H</b> STREET ADDRESS: <b>BOCA GRANDE CLUB</b> CITY-ST-ZIP: <b>BOCA GRANDE FL</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	NAME: <b>SIEGLAFF, PETER</b> STREET ADDRESS: <b>261 WATERWAYS AVE</b> CITY-ST-ZIP: <b>BOCA GRANDE FL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<b>Treasurer</b> <b>Nathaniel Robbins</b> 1627 Gaspar Dr. S. Boca Grande, FL 33921
		5.2 NAME	<b>Director</b> <b>Chrs. R. Burke</b> #12 Seawatch, Gulf Shores Drive Boca Grande, FL 33921
		4.3 STREET ADDRESS	
		5.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.4 CITY-ST-ZIP	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *Sam Murphy* **Samuel W. Murphy, President** 5/16/96 941-964-2667  
Date Daytime Phone #

CR2E037 (12/95)