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**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 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
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/28/1971		
4. FEI Number 23-7097778	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NK		

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 GAMBLING, John - President	
82 Street Address (P.O. Box Number is Not Acceptable) 212 Waterway Ave.	
83	
84 City Boca Grande FL	85 Zip Code 33921

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 JOHN GAMBLING, PRESIDENT *John Gambling* **4-28-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE S	<input checked="" type="checkbox"/> DELETE
NAME SHOLLEY, NANCY	
STREET ADDRESS 1120 11TH STREET	
CITY-ST-ZIP BOCA GRANDE FL	
TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME GAMBLING, JOHN	
STREET ADDRESS 212 WATERWAY AVE	
CITY-ST-ZIP BOCA GRANDE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BISHOP, DORIS	
STREET ADDRESS RAILROAD AVENUE	
CITY-ST-ZIP BOCA GRANDE, FL 00000	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME WHITE, WILLIAM B	
STREET ADDRESS 293 HARBOR DRIVE	
CITY-ST-ZIP BOCA GRANDE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BURKE, CHRIS R	
STREET ADDRESS #12 SEAWATCH, GULF SHORES DRIVE	
CITY-ST-ZIP BOCA GRANDE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SIEGLAFF, PETER	
STREET ADDRESS 281 WATERWAYS AVE	
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 MORRISON, Judy	
1.3 STREET ADDRESS 7 Peekins Cove	
1.4 CITY-ST-ZIP Boca Grande, FL 33921	
2.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME WHITE, William B.	
2.3 STREET ADDRESS 293 Harbor Drive	
2.4 CITY-ST-ZIP Boca Grande, FL 33921	
3.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME BRACKEN, Elsie	
3.3 STREET ADDRESS 140 S. Palm Avenue	
3.4 CITY-ST-ZIP Boca Grande, FL 33921	
4.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME ROBBINS, Nat	
4.3 STREET ADDRESS 1627 Gaspar Dr, South	
4.4 CITY-ST-ZIP Boca Grande, FL 33921	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Elsie Bracken* **4-28-98** **941-964-2667**

CR2E037 (10/97)