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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 720269

1. Corporation Name

GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RM. 4. B.G.C.C. 1ST STREET
 P. O. BOX 446
 BOCA GRANDE FL 33921

RM. 4. B.G.C.C. 1ST STREET
 P. O. BOX 446
 BOCA GRANDE FL 33921



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/28/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7097778

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, SAMUEL W
 2610 SHORE LANE
 BOCA GRANDE FL 33921

81 Name

John Gambling (GAMBLING)

82 Street Address (P.O. Box Number is Not Acceptable)

1612 Gaspar Drive South

84 City

Boca Grande

FL

85 Zip Code

33921

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 *John Gambling, President*

John Gambling

5/5/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	S	<input type="checkbox"/>
NAME	MORRISONN, JUDY	
STREET ADDRESS	7 PEEKINS COVE	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	WHITE, WILLIAM B	
STREET ADDRESS	293 HARBOR DRIVE	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input type="checkbox"/>
NAME	BRICKEN, ELSIE	
STREET ADDRESS	140 S PALM AVENUE	
CITY-ST-ZIP	BOCA GRANDE, FL 00000 33921	
TITLE	T	<input type="checkbox"/>
NAME	ROBBINS, NAT	
STREET ADDRESS	1627. GASPAR DRIVE SOUTH	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	D	<input type="checkbox"/>
NAME	BURKE, CHRIS. R	
STREET ADDRESS	#12 SEAWATCH, GULF SHORES DRIVE	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SIEGLAFF, PETER	
STREET ADDRESS	261 WATERWAYS AVE	
CITY-ST-ZIP	BOCA GRANDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Richard Fitzgerald		
6.3 STREET ADDRESS	1945 19th Street		
6.4 CITY-ST-ZIP	Boca Grande, FL 33921		

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, with all other like empowered.

SIGNATURE: *John Gambling* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-99 Date 941-964-2667 Daytime Phone #

CR2E037 (1/98)