


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90006 021 ****61.25

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DOCUMENT # 720269					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORRISON, RICHARD DR. 7 PEEKINS COVE BOCA GRANDE, FL 33921				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLERUM, JAMES		NAME	Subak, John	
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS	280 Lee Ave.	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, KATHLEEN		NAME	Williams, Camille	
STREET ADDRESS	9821 GASPARILLA PARS BLVD.		STREET ADDRESS	1616 Jean Lafitte	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, Florida 33921	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DACEY, MICHAEL		NAME	Wesselmann, Lee	
STREET ADDRESS	459 BLUE TEAL DRIVE		STREET ADDRESS	5000 Gasparilla Rd.	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISEL, WILLIAM		NAME		
STREET ADDRESS	1670 JOSE GASPAR		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, FRED		NAME	Honey, Kimpton	
STREET ADDRESS	186 CARUCH BOND LANE		STREET ADDRESS	1628 Treasure Lane	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, RICHARD DR.		NAME		
STREET ADDRESS	7 PEEKEINS COVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard W. Morrison</u> PRESIDENT				Date: <u>RICHARD M. MORRISON March 16, 2004</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>964-0472</u>	