

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90228 041 ****61.50

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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

4. FEI Number **23-7097778**

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUBAK, JOHN
280 LEE AVENUE
BOCA GRANDE FL 33921

Name
DR. RICHARD MORRISON

Street Address (P.O. Box Number is Not Acceptable)
7 Peekins Cove

City **Boca Grande** **FL** Zip Code **33921**

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 *Richard M. Morrison*

4/29/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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** Delete
NAME ~~BURHAM, THOMAS~~
STREET ADDRESS **191 DAMFWILL ST**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **VP** Change Addition
NAME **Glerum, James**
STREET ADDRESS **5000 Gasparilla Road**
CITY-ST-ZIP **Boca Grande, FL 33921**

TITLE **S** Delete
NAME **TURNER, KATHLEEN**
STREET ADDRESS **9821 GASPARILLA PARS BLVD.**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **DACEY, MICHAEL**
STREET ADDRESS **459 BLUE TEAL DRIVE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME ~~BENTON, PHILIP E~~
STREET ADDRESS **4025 SHORE LANE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **D** Change Addition
NAME **HEISEL, William**
STREET ADDRESS **1670 Jose Gaspar**
CITY-ST-ZIP **Boca Grande, FL 33921**

TITLE **D** Delete
NAME **BERGER, FRED**
STREET ADDRESS **186 CARUCH BOND LANE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** Delete
NAME ~~SUBAK, JOHN~~
STREET ADDRESS **280 LEE AVENUE**
CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE **President** Change Addition
NAME **MORRISON, Richard Dr.**
STREET ADDRESS **7 Peekins Cove**
CITY-ST-ZIP **Boca Grande, FL 33921**

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: *SIGNATURE REQUIRED*

4/29/03

CR2E037 (10/02)