

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006962

FILED
Mar 04, 2012
Secretary of State

Entity Name: LITTLE GASPARILLA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

LITTLE GASPARILLA ISLAND
#3643
PLACIDA, FL 339463643

New Principal Place of Business:

LITTLE GASPARILLA ISLAND
#3643
PLACIDA, FL 33946

Current Mailing Address:

P.O. BOX 3643
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 75-3150300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JOHN
LITTLE GASPARILLA ISLAND
SUITE 215
PLACIDA, FL 33946 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: NESMITH, PHYLLIS
Address: P.O. BOX 3643
City-St-Zip: PLACIDA, FL 33946

Title: PD
Name: HAYNES, DAVID
Address: PO BOX 3643
City-St-Zip: PLACIDA, FL 33946

Title: SD
Name: FRASER, PEDE
Address: PO BOX 3643
City-St-Zip: PLACIDA, FL 33946

Title: TD
Name: HOLMES, PAUL
Address: PO BOX 3643
City-St-Zip: PLACIDA, FL 33946

Title: VD
Name: MC COY, TOM
Address: P.O. BOX 3643
City-St-Zip: PLACIDA, FL 33946

Title: D
Name: LOVELL, BRENDA
Address: PO BOX 3643
City-St-Zip: PLACIDA, FL 33946

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL HOLMES

TD

03/04/2012

Electronic Signature of Signing Officer or Director

_____ Date