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95 MAR -2 PM 2: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03390** (4)  
1. Corporation Name  
**GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address

P.O. BOX 489 HOMOSASSA SPRINGS FL 32647 P.O. BOX 489 HOMOSASSA SPRINGS FL 32647

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 34447 25 29 34447 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/01/1984 3a. Date of Last Report 04/20/1994

4. FEI Number 58-1847891 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

BLEND, RICHARD  
5210 S RIVERVIEW CIR  
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name Grimaldi, Joseph

82 Street Address (P.O. Box Number is Not Acceptable) 5206 S. Riverview Circle

83

84 City Homosassa FL 85 Zip Code 34448

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Joseph Grimaldi* 2/22/95  
Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLEND, RICHARD
STREET ADDRESS	5210 S RIVERVIEW CIR
CITY - ST - ZIP	HOMOSASSA FL
TITLE	VD
NAME	HARRIS, FRANK W
STREET ADDRESS	5268 S. RIVERVIEW CIR
CITY - ST - ZIP	HOMOSASSA FL 30
TITLE	TD
NAME	MORGAN, PATRICIA
STREET ADDRESS	5200 S RIVERVIEW CIR
CITY - ST - ZIP	HOMOSASSA FL
TITLE	D
NAME	THARP, CHARLES
STREET ADDRESS	T276 S RIVERVIEW CIR
CITY - ST - ZIP	HOMOSASSA FL
TITLE	D
NAME	CHASLES, DOWD
STREET ADDRESS	5224 S. RIVERVIEW CIR
CITY - ST - ZIP	HOMOSASSA FL
TITLE	D
NAME	WALLING, LILA
STREET ADDRESS	5234 S RIVERVIEW CIR
CITY - ST - ZIP	HOMOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Grimaldi, Joseph	
1.3 STREET ADDRESS	5206 S. Riverview Circle	
1.4 CITY - ST - ZIP	Homosassa, FL 34448	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hoes, Donald	
2.3 STREET ADDRESS	5272 S. Riverview Circle	
2.4 CITY - ST - ZIP	Homosassa, FL 34448	
3.1 TITLE	T/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ditmars, Norma	
3.3 STREET ADDRESS	11580 West Rose Court	
3.4 CITY - ST - ZIP	Homosassa, FL 34448	
4.1 TITLE	S/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Naudecker, Ruth	
4.3 STREET ADDRESS	5222 S. Riverview Circle	
4.4 CITY - ST - ZIP	Homosassa, FL 34448	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Schulte, Donald	
5.3 STREET ADDRESS	5270 S. Riverview Circle	
5.4 CITY - ST - ZIP	Homosassa, FL 34448	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rittweger, Robert	
6.3 STREET ADDRESS	11573 West Rose Court	
6.4 CITY - ST - ZIP	Homosassa, FL 34448	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Norma D. Ditmars* 2/22/95 (904) 628-6614  
Norma D. Ditmars, Treasurer