

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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 34447 US
P.O. BOX 489 HOMOSASSA SPRINGS FL 34447 US

3. Date Incorporated or Qualified **06/01/1984** 3a. Date of Last Report **03/02/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 25 29 30

9. Name and Address of Current Registered Agent
GRIMALDI, JOSEPH
5206 S RIVERVIEW CIRCLE
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent
81 Name **Donald Hoes**
82 Street Address (P.O. Box Number is Not Acceptable) **5272 S. Riverview Circle**
83
84 City **Homosassa** FL 85 Zip Code **34448**

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 *Donald Hoes* **Donald Hoes, Pres.** **3/9/96**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIMALDI, JOSEPH	
STREET ADDRESS	5206 S RIVERVIEW CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOES, DONALD	
STREET ADDRESS	5272 S RIVERVIEW CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OITMARS, NORMA	
STREET ADDRESS	11580 WEST ROSA COURT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NEUDECKER, TUTH	
STREET ADDRESS	5222 S RIVERVIEW CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULTE, DONALD	
STREET ADDRESS	5270 RIVERVIEW CIRCLE	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RITTWEGER, ROBERT	
STREET ADDRESS	11573 WEST ROSA COURT	
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	Hoes, Donald	
1.3 STREET ADDRESS	5272 S. Riverview Circle	
1.4 CITY-ST-ZIP	Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	V/D	
2.2 NAME	Green, Gerry	
2.3 STREET ADDRESS	5258 S. Riverview Circle	
2.4 CITY-ST-ZIP	Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T/D	
3.2 NAME	Schulte, Donald	
3.3 STREET ADDRESS	5270 S. Riverview Circle	
3.4 CITY-ST-ZIP	Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	S/D	
4.2 NAME	Blockus, Betty	
4.3 STREET ADDRESS	5232 S. Riverview Circle	
4.4 CITY-ST-ZIP	Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	See, Charles	
5.3 STREET ADDRESS	5208 S. Riverview Circle	
5.4 CITY-ST-ZIP	Homosassa, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lindsay, Jane	
6.3 STREET ADDRESS	11577 W. Rosa 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 119.07(3)(k), 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: *Donald Hoes* **3/9/96** (352) 628-6657
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)