

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N03390 (4)
1. Corporation Name
GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 489
HOMOSASSA SPRINGS FL 34447
USP.O. BOX 489
HOMOSASSA SPRINGS FL 34447-0489
US3. Date Incorporated or Qualified
06/01/19843a. Date of Last Report
03/13/1996

4. FEI Number

58-1847891

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOES, DONALD
5272 S. RIVERVIEW CIRCLE
HOMOSASSA FL 34448

81 Name

LINDSAY JANE

82 Street Address (P.O. Box Number is Not Acceptable)

11577 W. ROSA COURT

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

Jane Lindsay PRESIDENT

2/12/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HOES, DONALD
STREET ADDRESS 5272 S RIVERVIEW CIRCLE
CITY - ST - ZIP HOMOSASSA FL☒ DELETE1.1 TITLE PD
1.2 NAME LINDSAY JANE
1.3 STREET ADDRESS 11577 W. ROSA COURT
1.4 CITY - ST - ZIP HOMOSASSA FL 34448☒ Change ☐ AdditionTITLE VD
NAME GREEN, GERRY
STREET ADDRESS 5258 S. RIVERVIEW CIRCLE
CITY - ST - ZIP HOMOSASSA FL☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE TD
NAME SHULTE, DONALD
STREET ADDRESS 5270 S RIVERVIEW CIRCLE
CITY - ST - ZIP HOMOSASSA FL☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE SD
NAME BLOCKUS, BETTY
STREET ADDRESS 5232 S RIVERVIEW CIRCLE
CITY - ST - ZIP HOMOSASSA FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE D
NAME SEE, CHARLES
STREET ADDRESS 5208 S RIVERVIEW CIRCLE
CITY - ST - ZIP HOMOSASSA FL☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP☐ Change ☐ AdditionTITLE D
NAME LINDSAY, JANE
STREET ADDRESS 11577 W. ROSA COURT
CITY - ST - ZIP HOMOSASSA FL☒ DELETE6.1 TITLE D
6.2 NAME CASEY JAMES
6.3 STREET ADDRESS 5182 S. RIVERVIEW CIRCLE
6.4 CITY - ST - ZIP HOMOSASSA FL 34448☐ Change ☒ Addition

14. I do 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 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 R. Schultz TREASURER

Date

Daytime Phone # 0085215

CR2E037 (9/96)