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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moftham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03390 (4)
1. Corporation Name
GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business P.O. BOX 489 HOMOSASSA SPRINGS FL 34447 US	Mailing Address P.O. BOX 489 HOMOSASSA SPRINGS FL 34447 US
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3. Date incorporated or Qualified 06/01/1984	
4. FEI Number 58-1847891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**LINDSAY, JANE
11577 W. ROSA COURT
HOMOSASSA FL 34448**

10. Name and Address of New Registered Agent
**81 Name DICK HELMRICH
82 Street Address (P.O. Box Number is Not Acceptable)
5198 SOUTH RIVERVIEW CIR
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 617.0508, Florida Statutes.
SIGNATURE: *Raymond Spratt* **RAYMOND SPRATT Feb 8 1998**
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LINDSAY, JANE	1.1 TITLE PD	1.2 NAME DICK HELMRICH
STREET ADDRESS 11577 W. ROSA COURT	CITY-ST-ZIP HOMOSASSA FL	1.3 STREET ADDRESS 5198 S RIVERVIEW CIR	1.4 CITY-ST-ZIP HOMOSASSA FL 34448
TITLE VD	NAME GREEN, GERRY	2.1 TITLE	2.2 NAME
STREET ADDRESS 5258 S. RIVERVIEW CIRCLE	CITY-ST-ZIP HOMOSASSA FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE TD	NAME SHULTE, DONALD	3.1 TITLE TD	3.2 NAME RAYMOND SPRATT
STREET ADDRESS 5270 S RIVERVIEW CIRCLE	CITY-ST-ZIP HOMOSASSA FL	3.3 STREET ADDRESS 5204 S. RIVERVIEW CIR	3.4 CITY-ST-ZIP HOMOSASSA FL 34448
TITLE SD	NAME BLOCKUS, BETTY	4.1 TITLE SD	4.2 NAME JANE LINDSAY
STREET ADDRESS 5232 S RIVERVIEW CIRCLE	CITY-ST-ZIP HOMOSASSA FL	4.3 STREET ADDRESS 11577 W. ROSA COURT	4.4 CITY-ST-ZIP HOMOSASSA FL 34448
TITLE D	NAME SEE, CHARLES	5.1 TITLE D	5.2 NAME PAT MORGAN
STREET ADDRESS 5208 S RIVERVIEW CIRCLE	CITY-ST-ZIP HOMOSASSA FL	5.3 STREET ADDRESS 5200 S RIVERVIEW CIR	5.4 CITY-ST-ZIP HOMOSASSA FL 34448
TITLE D	NAME CASEY, JAMES	6.1 TITLE	6.2 NAME
STREET ADDRESS 5182 S. RIVERVIEW CIR	CITY-ST-ZIP HOMOSASSA FL	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Raymond Spratt* **Feb 8 1998 621-3895**

CR2E037 (10/97)