

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90054 007 ****61.25

DOCUMENT # N03390

1. Entity 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 34447-0489 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HELMRICH, DICK 5198 SOUTH RIVERVIEW CIR HOMOSASSA FL 34448		7. Name and Address of New Registered Agent Name RAYMOND SPRATT Street Address (P.O. Box Number is Not Acceptable) 5204 SOUTH RIVERVIEW CIR City HOMOSASSA FL Zip Code 34448	
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8. 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 **RAYMOND SPRATT** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 Signature **Raymond Spratt** DATE **Feb 4 2000**

FILE-NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JIM 5246 S RIVERVIEW CIR HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIANE AH KRIM 11573 W ROSA CT. HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMICHAEL, FRED 5254 S RIVERVIEW CIR HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAT MORGAN 5200 S. RIVERVIEW CIR HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPRATT, RAYMOND 5204 S RIVERVIEW CIR HOMOSASSA FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALGEO, RUTH 5270 S RIVERVIEW CIR HOMOSASSA FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, PAT 5200 S RIVERVIEW CIR HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUCE BRENNAN 5192 S RIVERVIEW CIR HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JEANNE 11576 W ROSA CT HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIM LEWIS 5246 S RIVERVIEW CIR HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RAYMOND SPRATT** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **FEB 4 2000** Daytime Phone # **352 621 3895**

CR2E037 (9/99)