

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90044 041 ****61.25

DOCUMENT # N03390

1. Entity Name
GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
 P.O. BOX 489 P.O. BOX 489
 HOMOSASSA SPRINGS FL 34447 HOMOSASSA SPRINGS FL 34447
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-1847891** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRATT, RAYMOND
5204 SOUTH RIVERVIEW CIR
HOMOSASSA FL 34448

Name: **Robert Lindsay**
 Street Address (P.O. Box Number is Not Acceptable):
11577 W. Rosa Ct.
 City: **Homosassa FL** Zip Code: **34448**

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 **Robert A. Lindsay, Treasurer** *[Signature]* **2/8/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD AHRIM, DIANE (AHLGRIM) <input type="checkbox"/> Delete
STREET ADDRESS	11573 W ROSA CT
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE NAME	VD MORGAN, PAT <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5200 S RIVERVIEW CIR
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE NAME	TD SPRATT, RAYMOND <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5204 S RIVERVIEW CIR
CITY-ST-ZIP	HOMOSSASSA FL 34448
TITLE NAME	SD ALGEO, RUTH <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5270 S RIVERVIEW CIR
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE NAME	D BRENNAN, BRUCE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5192 S RIVERVIEW CIR
CITY-ST-ZIP	HOMOSASSA FL 34448
TITLE NAME	D LEWIS, JIM <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5246 S RIVERVIEW CIR
CITY-ST-ZIP	HOMOSASSA FL 34448

TITLE NAME	D PAT RICH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5266 S RIVERVIEW CIR.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE NAME	VD Ruth Algeo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5270 S. Riverview Cir.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE NAME	TD Robert Lindsay <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	11577 W. Rosa Ct.
CITY-ST-ZIP	Homosassa, FL 34448
TITLE NAME	SD Ed Levin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5272 S. Riverview Cir.
CITY-ST-ZIP	HOMOSASSA, FL 34448
TITLE NAME	D Diane Green <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5258 S. Riverview Cir.
CITY-ST-ZIP	Homosassa, FL 34448
TITLE NAME	D John Mack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5254 S. Riverview Cir.
CITY-ST-ZIP	Homosassa, FL 34448

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: *[Signature]* SIGNATURE REQUIRED **M. Ahlgren** **2/7/01** **352-628-3747**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)