

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90032 022 \*\*\*\*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  
 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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINDSAY, ROBERT**  
**11577 W. ROSA CT**  
**HOMOSASSA FL 34448**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <b>VD</b> <b>AHLGRIM, DIANE</b> <b>11573 W ROSA CT</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICH, PAT</b> <b>5266 S RIVERVIEW CIR</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LINDSAY, ROBERT</b> <b>11577 W ROSA CT</b> <b>HOMOSSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ALGEO, RUTH</b> <b>5270 S RIVERVIEW CIR</b> <b>HOMOSASSA FL 34448</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> <b>D</b> <b>LEVIN, ED</b> <b>5272 S RIVERVIEW CIR</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GREEN, DIANE</b> <b>5258 S RIVERVIEW CIR</b> <b>HOMOSASSA FL 34448</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Ellen Meyer</b> <b>5244 S. Riverview Circle</b> <b>HOMOSASSA, FL 34448</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Audrey Pavlisko</b> <b>5216 S. Riverview Circle</b> <b>HOMOSASSA, FL 34448</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Warren Hardy</b> <b>5236 S. Riverview Circle</b> <b>HOMOSASSA, FL 34448</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Patty Kable</b> <b>5250 S. Riverview Circle</b> <b>HOMOSASSA, FL 34448</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>John Mack</b> <b>5254 S. Riverview Circle</b> <b>HOMOSASSA, FL 34448</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *Robert Lindsay* 1/26/02 352-621-0934  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)