


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90004 013 ****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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
LINDSAY, ROBERT
11577 W. ROSA CT
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent
Name **MACK, JR. JOHN**
Street Address (P.O. Box Number is Not Acceptable)
5254 RIVERVIEW CIRCLE
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *John Mack Jr* **JOHN MACK, JR. TREASURER** DATE **MARCH 3, 2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, JEFFREY 5182 S. RIVERVIEW CIRCLE HOMOSASSA FL 34448 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALGEO, RUTH 5270 S. RIVERVIEW CIRCLE HOMOSASSA FL 34448 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDSAY, ROBERT 11577 W ROSA CT HOMOSSASSA FL 34448 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, ELLEN 5244 S RIVERVIEW CIRCLE HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, ED 5272 S RIVERVIEW CIR HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, WARREN 5236 S. RIVERVIEW CIRCLE HOMOSASSA FL 34448 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D ALLEN, JEFFREY 5182 S. RIVERVIEW CIR. HOMOSASSA, FL, 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D ALGEO, RUTH 5270 S. RIVERVIEW CIR. HOMOSASSA, FL, 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACK, JR, JOHN 5254 S. RIVERVIEW CIR. HOMOSASSA FL, 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D ZACHEL MEYER, NORMAN P 5248 S. RIVERVIEW CIR HOMOSASSA FL, 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, CAROLYN S. 5254 S. RIVERVIEW CIR HOMOSASSA, FL, 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RICH, PAT 5266 S. RIVERVIEW CIR HOMOSASSA, FL 34448 <input type="checkbox"/> Change <input checked="" 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: *John Mack Jr* **JOHN MACK JR TREASURER** DATE **3/03/04** (352) 628-4926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attach next

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

PAGE 2.

54017189

DOCUMENT # N03390			
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
[Faded/Blurred Information]		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
[Faded]		D. MORGAN PAT 5200 S. RIVERVIEW CIR. HOMOSASSA, FL. 34448	SECOND YEAR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
[Faded]		D. PAWLISKO 5216 S. RIVERVIEW CIR. HOMOSASSA FL. 34448	SECOND YEAR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
[Faded]		D. Kabei 5250 S. RIVERVIEW CIR HOMOSASSA FL 34448	SECOND YEAR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Faded]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Faded]			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Faded]			
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: <i>John Mack Jr.</i>		Date: <i>3/03/04</i> (352)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>628.4926</i>	



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

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

Attachment
Doc. # N03390
GASPARILLA CAY HOMEOWNERS ASSOCIATION
2004 BOARD OF DIRECTORS

524017189

President: Jeffrey Allen (352) 279-6175
5182 S. Riverview Circle
Homosassa, Florida 34448

Vice President: Norman Zachelmeyer (352) 628-5759
5248 S. Riverview Circle
Homosassa, Florida 34448

Treasure: John Mack (Not a board Member) (352) 628-4926
5254 S. Riverview Circle.
Homosassa, Florida 34448

Secretary: Ruth Algeo (352) 628-5382
5270 S. Riverview Circle
Homosassa, Florida 34448

Board Members: Warren Hardy (352) 621-9798
5236 S. Riverview Circle
Homosassa, Florida 34448

Patty Kabei (352) 628-9032
5250 S. Riverview Circle
Homosassa, Florida 34448

SueMack (352) 628-4926
5254 S. Riverview Circle
Homosassa, Florida 34448

Pat Morgan (352) 628-7947
5200 S. Riverview Circle
Mailing: PO Box 1999
Homosassa, Florida 34447

Audry Pavlisko (352) 628-1958
5216 S. Riverview Circle
Homosassa, Florida 34448

Pat Rich (352) 621-3456
5266 S. Riverview Circle
Homosassa, Florida 34448