

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90011 014 ****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 |



1st MOORE CR2E037 (10/04)

| | |
|-----------------------------------------|--------------------------------------------------------|
| 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------------------|--------------------------------------------------------|

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|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent MACK, JOHN JR. 5254 RIVERVIEW CIRCLE HOMOSASSA FL 34448 | | 7. Name and Address of New Registered Agent Name Morgan, Patricia Street Address (P.O. Box Number is Not Acceptable) 5200 S. Riverview Circle, Homosassa, City 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 Patricia Morgan *Patricia Morgan* March 24, 2005
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 Due By May 1, 2005 | 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 |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALLEN, JEFFREY 5182 S. RIVERVIEW CIRCLE HOMOSASSA FL 34448 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Michael Moberly 11573 W. Rosa Ct. Homosassa, FL 34448 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALGEO, RUTH 5270 S. RIVERVIEW CIRCLE HOMOSASSA FL 34448 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Melodyne Faucher 5268 S. Riverview Cr. Homosassa, FL 34448 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MACK, JOHN JR. 5254 S RIVERVIEW CIRCLE HOMOSSASSA FL 34448 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Patricia Morgan 5200 S. Riverview Cir. Homosassa, FL 34448 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ZACHELMEYER, NORMAN P 5248 S RIVERVIEW CIRCLE HOMOSASSA FL 34448 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jeffrey Allen 5182 S. Riverview Cir. Homosassa, FL 34448 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACK, CAROLYN S 5254 S RIVERVIEW CIRCLE HOMOSASSA FL 34448 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Ruth Algeo 5270 S. Riverview Cir. Homosassa, FL 34448 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARDY, WARREN 5236 S. RIVERVIEW CIRCLE HOMOSASSA FL 34448 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sue Price 5264 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: Patricia Morgan *Patricia Morgan* March 24, 2005 352/628-7947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40041487

Gasparilla Cay Homeowners Association, Inc.
P.O. Box 489,
Homosassa Springs, Fl 34447

ATTACHMENT
#N03390

continued list of Officers and Directors:

11.

| | |
|----------------|------------------------|
| Title | D |
| Name | Pat Rich |
| Street Address | 5266 S. Riverview Cir. |
| City-St-zip | Homosassa, Fl 34448 |