

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03390

FILED
Mar 02, 2010
Secretary of State

Entity Name: GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5151 S. RIVERVIEW CIRCLE
HOMOSASSA, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 489
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEWIS, JAMES L
5246 S. RIVERVIEW CIRCLE
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

KNOWLES, LEE
11578 W. ROSA COURT
HOMOSASSA, FL 34448 US

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: LEE KNOWLES

03/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LEVIN, EDDIE
Address: 5272 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: V
Name: MORGAN, PAT
Address: 5200 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: S
Name: MOSELEY, JUDY
Address: 5212 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSSASSA, FL 34448 US

Title: T
Name: KNOWLES, LEE
Address: 11578 W. ROSA COURT
City-St-Zip: HOMOSASSA, FL 34448 US

Title: D
Name: GARRETT, LIN
Address: 5234 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: D
Name: LOUGHEA, KATHY
Address: 5224 S RIVERVIEW CIR
City-St-Zip: HOMOSASSA, FL 34448 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE KNOWLES

T

03/02/2010

Electronic Signature of Signing Officer or Director

Date