

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03390

FILED  
Mar 05, 2012  
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:**

MORGAN, PAT  
5200 S. RIVERVIEW CIRCLE  
HOMOSASSA, FL 34448 US

**Name and Address of New Registered Agent:**

LEWIS, JIM  
5246 S. RIVERVIEW CIRCLE  
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: JIM LEWIS

03/05/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PIERSON, RON  
Address: 5206 S. RIVERVIEW CIRCLE  
City-St-Zip: HOMOSASSA, FL 34448 US

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

Title: S  
Name: HAASE, JO-ANN  
Address: 5224 S. RIVERVIEW CIRCLE  
City-St-Zip: HOMOSSASSA, FL 34448 US

Title: T  
Name: LEWIS, JIM  
Address: 5246 S. RIVERVIEW CIRCLE  
City-St-Zip: HOMOSASSA, FL 34448 US

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

Title: D  
Name: GRADY, PAM  
Address: 5276 S. RIVERVIEW CIRCLE  
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: JIM LEWIS

T

03/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date