

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90127 012 ****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

50020734



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1847891**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

I, 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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **AHLGRIM, DIANE**
STREET ADDRESS **11573 W ROSA CT**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **VD** ☐ Change ☒ Addition
NAME **Jeffrey Allen**
STREET ADDRESS **5182 S. Riverview Circle**
CITY-ST-ZIP **Homosassa, FL 34448**

TITLE **D** ☒ Delete
NAME **RICH, PAT**
STREET ADDRESS **5266 S RIVERVIEW CIR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **S** ☐ Change ☒ Addition
NAME **Ruth Algeo**
STREET ADDRESS **5270 S. Riverview Circle**
CITY-ST-ZIP **Homosassa, FL 34448**

TITLE **TD** ☐ Delete
NAME **LINDSAY, ROBERT**
STREET ADDRESS **11577 W ROSA CT**
CITY-ST-ZIP **HOMOSSASSA FL 34448**

TITLE **D** ☐ Change ☒ Addition
NAME **Warren Hardy**
STREET ADDRESS **5236 S. Riverview Circle**
CITY-ST-ZIP **Homo Sassa, FL 34448**

TITLE **PD** ☐ Delete
NAME **MEYER, ELLEN**
STREET ADDRESS **5244 S RIVERVIEW CIRCLE**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **D** ☐ Change ☒ Addition
NAME **Patty Kabei**
STREET ADDRESS **5250 S. Riverview Circle**
CITY-ST-ZIP **Homo Sassa, FL 34448**

TITLE **D** ☐ Delete
NAME **LEVIN, ED**
STREET ADDRESS **5272 S RIVERVIEW CIR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **D** ☐ Change ☒ Addition
NAME **John Mack**
STREET ADDRESS **5254 S. Riverview Circle**
CITY-ST-ZIP **Homosassa, FL 34448**

TITLE **D** ☒ Delete
NAME **GREEN, DIANE**
STREET ADDRESS **5258 S RIVERVIEW CIR**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **D** ☐ Change ☒ Addition
NAME **Pat Morgan**
STREET ADDRESS **5200 S. Riverview Circle**
CITY-ST-ZIP **Homo Sassa, FL 34448**

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 J. Lindsay, Treasurer **2/5/03** **357-621-0434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)