

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13012

FILED
Jan 13, 2009
Secretary of State

Entity Name: GASPARILLA MOBILE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O L.A. GALEONE
2001 GASPARILLA ROAD G10
PLACIDA, FL 33946

New Principal Place of Business:

Current Mailing Address:

C/O L.A. GALEONE
2001 GASPARILLA ROAD G10
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 59-2636877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALEONE, L.A.
2001 GASPARILLA RD
G10
PLACIDA, FL 33946 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, JIM
Address: 2001 GASPARILLA RD
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: MCMUNN, DAUE
Address: 2001 GASPARILLA RD G-3
City-St-Zip: PLACIDA, FL 33946

Title: VP () Delete
Name: GRIMM, PEG
Address: 2001 GASPARILLA RD G-44
City-St-Zip: PLACIDA, FL 33946

Title: S () Delete
Name: HOUT, JOYCE
Address: 2053 OSBUN RD
City-St-Zip: MANSFIELD, OH 44903

Title: T () Delete
Name: GALEONE, L.A.
Address: 2001 GASPARILLA RD. G10
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: CRAWFORD, GENE
Address: 136 WATER ST
City-St-Zip: SAULT ST. MARIE, MI 49736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, JIM
Address: 2001 GASPARILLA RD D-23
City-St-Zip: PLACIDA, FL 33946

Title: D (X) Change () Addition
Name: MCMUNN, DAVE
Address: 2001 GASPARILLA RD G-3
City-St-Zip: PLACIDA, FL 33946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: L. A. GALEONE

T

01/13/2009

Electronic Signature of Signing Officer or Director

Date