

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006962

Entity Name: LITTLE GASPARILLA PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**LITTLE GASPARILLA ISLAND
#3643
PLACIDA, FL 33946**Current Mailing Address:**P.O. BOX 3643
PLACIDA, FL 33946**FEI Number: 75-3150300****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOSTER, JOHN
LITTLE GASPARILLA ISLAND
SUITE 215
PLACIDA, FL 33946 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	NESMITH, PHYLLIS
Address	P.O. BOX 3643
City-State-Zip:	PLACIDA FL 33946

Title	PD
Name	HAYNES, DAVID
Address	PO BOX 3643
City-State-Zip:	PLACIDA FL 33946

Title	DIRECTOR
Name	WOOLF, WALTER
Address	PO BOX 3643
City-State-Zip:	PLACIDA FL 33946

Title	TD
Name	HOLMES, PAUL
Address	PO BOX 3643
City-State-Zip:	PLACIDA FL 33946

Title	VD
Name	MC COY, TOM
Address	P.O. BOX 3643
City-State-Zip:	PLACIDA FL 33946

Title	D, SECRETARY
Name	WALLACE, LOU
Address	PO BOX 3643
City-State-Zip:	PLACIDA FL 33946

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: PAUL HOLMES**TREASURER, DIRECTOR 01/21/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date