

2024 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
P.O. BOX 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:**LEYDON, RICHARD
LITTLE GASPARILLA ISLAND
P.O. BOX 3643
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:** RICHARD LEYDON

04/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FLOM, DERIC
Address P.O. BOX 3643
City-State-Zip: PLACIDA FL 33946

Title PRESIDENT
Name RICHARD, LEYDON
Address P.O. BOX 3643
City-State-Zip: PLACIDA FL 33946

Title SECRETARY
Name BOKAR, JOE
Address LITTLE GASPARILLA ISLAND
P.O. BOX 3643
City-State-Zip: PLACIDA FL 33946

Title TREASURER
Name CALLAHAN, BRIAN
Address P.O. BOX 3643
City-State-Zip: PLACIDA FL 33946

Title DIRECTOR
Name TREMBLAY, LAURIE
Address P.O. BOX 3643
City-State-Zip: PLACIDA FL 33946

Title DIRECTOR
Name DWYER, BARBARA
Address PO 3643
City-State-Zip: PLACIDA FL

Title DIRECTOR
Name FRASER, PEDE
Address PO 3643
City-State-Zip: PLACIDIA 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: RICHARD LEYDON

DIRECTOR/PRESIDENT

04/11/2024

Electronic Signature of Signing Officer/Director Detail

Date