

2019 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
#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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title EXECUTIVE SECRETARY
Name WEIBLEY, TERRIE
Address LITTLE GASPARILLA ISLAND
#3643
City-State-Zip: PLACIDA FL 33946

Title DIRECTOR
Name FLOM, DERIC
Address LITTLE GASPARILLA ISLAND
#3643
City-State-Zip: PLACIDA FL 33946

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

Title DIRECTOR
Name COWHERD, JEFF
Address LITTLE GASPARILLA ISLAND
#3643
City-State-Zip: PLACIDA FL 33946

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

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

Title VP
Name OLSON, RHONDA
Address P.O. 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**D, T****02/10/2019**

Electronic Signature of Signing Officer/Director Detail

Date