

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03390

Entity Name: GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5151 S. RIVERVIEW CIRCLE
HOMOSASSA, FL 34448**Current Mailing Address:**5151 S. RIVERVIEW CIRCLE
HOMOSASSA, FL 34448 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIXON, MERI
5151 S. RIVERVIEW CIRCLE
HOMOSASSA, FL 34448 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:** MERI DIXON

01/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MARCOLINI, CARL
Address 5151 S RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

Title SECRETARY
Name LOVE, JAN
Address 5151 S. RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name REYNOLDS, MIKE
Address 5206 S. RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name RATCLIFF, CLAUDIA
Address 5151 S. RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name HAASE, JOANN
Address 5151 S. RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

Title VP
Name EASTERLING, TREBOR
Address 5151 S. RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name CARTWRIGHT, LIZ
Address 5151 S. RIVERVIEW CIRCLE
City-State-Zip: HOMOSASSA FL 34448

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: CARL MARCOLINI

PRESIDENT

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date