

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03390

**Entity Name:** GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 09, 2023**  
**Secretary of State**  
**0920629664CC**

**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

02/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title PRESIDENT  
Name MOBERLEY, MIKE  
Address 5151 S. RIVERVIEW CIRCLE  
City-State-Zip: HOMOSASSA FL 34448

Title TREASURER  
Name RINGWOOD, SUZANNE  
Address 5151 S. RIVERVIEW CIRCLE  
City-State-Zip: HOMOSASSA FL 34448

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

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

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*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:** JAN LOVE

**SECRETARY**

02/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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