

**2018 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:**

BARBER, JENNIFER  
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: JENNIFER BARBER**

**02/09/2018**

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

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

Title            DIRECTOR  
Name            EASTERLING, TREBOR  
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: JENNIFER BARBER**

**TREASURER**

**02/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date