## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#711470** 

FILED Apr 15, 2008 Secretary of State

Entity Name: GASPARILLA ISLAND WATER ASSOCIATION, INC.

| Current Principal Place of Business:   |   |   | New Prince   | New Principal Place of Business:   |  |
|--|---|---|--|--|--|
| 1700 E. RAILROAD AVE.<br>P.O. BOX 310<br>BOCA GRANDE, FL 33921<br>Current Mailing Address: |   |   |  | 1700 E. RAILROAD AVE.<br>BOCA GRANDE, FL 33921<br>New Mailing Address:   |  |
|  |   |   | New Maili  |  |  |
| PO BOX 3<br>BOCA GF  | 310<br>RANDE, FL 339  | 21  |  |  |  |
| FEI Numbe  | r: 59-1204602   | FEI Number Applied For ( )  | FEI Number Not App                                       | licable ( ) Certificate of Status Desired (X)  |  |
| Name and   | d Address of C  | urrent Registered Agent:  | Name and   | Address of New Registered Agent:   |  |
| 140 SPAN<br>PLACIDA<br>The above   | ,   | JS<br>submits this statement for the p                                | ourpose of changing                                      | its registered office or registered agent, or both,  |  |
| SIGNATU  |   |   |  |  |  |
|  | Electron  | ic Signature of Registered Age  | ent  | Date   |  |
| OFFICER  | S AND DIREC   | TORS:   | ADDITION   | NS/CHANGES TO OFFICERS AND DIRECTOR  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | HOLMES, MICH<br>1648 JOSE GAS   | SPAR  | Title:<br>Name:<br>Address:<br>City-St-Zip:              | ()Change()Addition   |  |
| Title:<br>Name:<br>Address:  | CALDWELL, R.<br>131 PALM AVE  | Delete<br>W. III  | Title:<br>Name:<br>Address:                              | ( ) Change ( ) Addition  |  |
| City-St-Zip:   | BOCA GRANDE   | E, FL 33921   | City-St-Zip:   |  |  |
| City-St-Zip:<br>Title:<br>Name:<br>Address:  | SD ()<br>MOORE, DONN<br>1608 JEAN LAF   | Delete<br>IA<br>FITTE   | Title:<br>Name:<br>Address:<br>City-St-Zip:              | TD (X) Change ( ) Addition<br>BAKER, RENAE<br>463 BLUE TEAL DR<br>BOCA GRANDE, FL 33921                        |  |
| City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:                      | SD ()<br>MOORE, DONN<br>1608 JEAN LAF<br>BOCA GRANDE                                  | Delete<br>IA<br>FITTE<br>E, FL 33921<br>Delete<br>HN<br>DR            | Title:<br>Name:<br>Address:                              | BAKER, RENAE<br>463 BLUE TEAL DR   |  |
|  | SD () MOORE, DONN 1608 JEAN LAF BOCA GRANDE D () HOLYLAND, JO 779 BCHVIEW BOCA GRANDE | Delete IA FITTE E, FL 33921  Delete HN DR E, FL 33921  Delete RT S AD | Title: Name: Address: City-St-Zip: Title: Name: Address: | BAKER, RENAE 463 BLUE TEAL DR BOCA GRANDE, FL 33921  D (X) Change ( ) Addition HOLYLAND, JOHN 779 BEACHVIEW DR |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL D. HOLMES PD 04/15/2008