

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90106 008 ****61.25

DOCUMENT # 744746

1. Entity Name

GASPAR'S HIDEAWAY OWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 683
PLACIDA FL 33946
US

Mailing Address

P.O. BOX 683
PLACIDA FL 33946
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2812796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VETTER, EDWIN A DR
3110 CARLETON CIR E
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HUBBERT, SEWEL
STREET ADDRESS P O BOX 802
CITY-ST-ZIP PLACIDA FL 33946

TITLE VPD ☒ Delete
NAME MCCARTHY, A C
STREET ADDRESS PO BOX 484
CITY-ST-ZIP PLACIDA FL 33946

TITLE S ☐ Delete
NAME THOMPSON, CHRISTA
STREET ADDRESS 3115 CARLETON CIR. W.
CITY-ST-ZIP LAKELAND FL 33803

TITLE T ☐ Delete
NAME VETTER, EDWIN
STREET ADDRESS 3110 CARLETON CIR E
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☒ Delete
NAME MCCARTHY, A.C.
STREET ADDRESS P.O. BOX 484 (NA)
CITY-ST-ZIP PLACIDA FL 33946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Don Oleson
CITY-ST-ZIP 902 stratford Manor Dr.
Brandon, FL 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin A Vetter *Edwin A Vetter* 2-10-06 (863) 534-0194