

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744746

FILED
Apr 23, 2009
Secretary of State

Entity Name: GASPAR'S HIDEAWAY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 683
PLACIDA, FL 33946 US

New Principal Place of Business:

9624 PIECES OF EIGHT
PLACIDA, FL 33946 US

Current Mailing Address:

P.O. BOX 683
PLACIDA, FL 33946 US

New Mailing Address:

P.O. BOX 683
PLACIDA, FL 33946 US

FEI Number: 59-2812796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OLESON, DONALD F
902 STRATFORD MANOR DR.
BRANDON, FL 33510 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: DONALD F. OLESON

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEOS, BOBBY
Address: 1018 CHINABERRY RD
City-St-Zip: CLEARWATER, FL 33764

Title: S () Delete
Name: OLESON, SHARON
Address: 902 STRATFORD MANOR DR
City-St-Zip: BRANDON, FL 33510

Title: T () Delete
Name: VETTER, EDWIN
Address: 3110 CARLETON CIR E
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: OLESON, DON
Address: 402 STRATFORD MANOR DR
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: SULLIVAN, SELBY
Address: 5210 HOMETOWN CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: LOOS, BOBBY
Address: 2375 LAKE WOODBERRY CIR.
City-St-Zip: BRANDON, FL 33510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: OLESON, DON
Address: 402 STRATFORD MANOR DR
City-St-Zip: BRANDON, FL 33510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD F. OLESON

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date