

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744746

**FILED**  
**Feb 13, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

9624 PIECES OF EIGHT  
PLACIDA, FL 33946 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 683  
PLACIDA, FL 33946 US

**New Mailing Address:**

**FEI Number:** 59-2812796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: PD  
Name: OLESON, DON  
Address: 402 STRATFORD MANOR DR  
City-St-Zip: BRANDON, FL 33510

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

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: DONALD OLESON

PD

02/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date