

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 815219

FILED  
Mar 21, 2012  
Secretary of State

**Entity Name:** GASPARILLA INN, INC.

**Current Principal Place of Business:**

5TH STREET & PALM AVENUE  
BOCA GRANDE, FL 33921

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1088  
BOCA GRANDE, FL 33921

**New Mailing Address:**

**FEI Number:** 59-0940303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAMIOLI, JACK G  
500 PALM AVENUE  
BOCA GRANDE, FL 33921 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: D  
Name: STRATTON, HILARY F  
Address: 3320 DEL MONTE  
City-St-Zip: HOUSTON, TX 77019

Title: D  
Name: FARISH, WILLIAM S JR  
Address: 886 MIDWAY ROAD  
City-St-Zip: VERSAILLES, KY 40383

Title: C  
Name: FARISH, SARAH S  
Address: 1100 LOUISIANA ST., STE 1200  
City-St-Zip: HOUSTON, TX 77002

Title: D  
Name: CHADWICK, LAURA F  
Address: 227 DEER PARK DR  
City-St-Zip: NASHVILLE, TN 37205

Title: P  
Name: DAMIOLI, JACK G  
Address: 500 PALM AVE  
City-St-Zip: BOCA GRANDE, FL 33921

Title: D  
Name: JOHNSTON, MARY F  
Address: 11000 KEMWOOD  
City-St-Zip: HOUSTON, TX 77024

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK G. DAMIOLI

PRES

03/21/2012

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

\_\_\_\_\_  
Date