

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000003745

1. Entity Name
GASPARILLA ISLAND MARITIME MUSEUM, INC.



Principal Place of Business
**PO BOX 100
BOCA GRANDE, FL 33921**

Mailing Address
**PO BOX 100
BOCA GRANDE, FL 33921**



01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3729281

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ITALIANO, NELSON A II
150 PALM AVENUE
BOCA GRANDE, FL 33921**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOUGHTON, NINA RODALE
154 CARMICHAEL FARM ROAD
QUEENSTOWN, MD 21658**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ITALIANO, NELSON ANTHONY II
150 PALM AVENUE
BOCA GRANDE, FL 33921**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LYONS, GEORGE REESE
331 LEE AVE
BOCA GRANDE, FL 33921**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MILLER, GERALD M
4090 LOOMIS AVENUE
BOCA GRANDE, FL 339210593**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000646249
03/06/07-80022-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NELSON A. Italiano II

2/6/07 941 969 0455