

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90019 045 \*\*\*\*70.00

**60015130**



02012006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N00000003522</b> 1. Entity Name <b>ESTATES OF GASPARILLA PRESERVE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3899 CAPE HAZE DRIVE ROTONDA WEST, FL 33947</b>			Mailing Address <b>PO BOX 3254 PLACIDA, FL 33946</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>65-0802638</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>GUNDERSON, MIKO P 1861 PLACIDA RD, SUITE 204 ENGLEWOOD, FL 34223</b>			7. Name and Address of New Registered Agent Name <b>BRANDENBERGER, JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3899 CAPE HAZE DRIVE</b> City <b>ROTONDA WEST</b> <b>FL</b> Zip Code <b>33947</b>		
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CONNOR, SCOTT <input type="checkbox"/> Delete 3899CAPE HAZE DRIVE ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUFF, BARBARA <input type="checkbox"/> Delete 3899 APE HAZE DRIVE ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUFF, BARBARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3899 CAPE HAZE DRIVE ROTONDA WEST, FL 33947	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALVORSON, RICK <input checked="" type="checkbox"/> Delete 9 LONGMEADOW PLACE ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNOR, KRISTIN <input type="checkbox"/> Delete 3899 CAPE HAZE DRIVE ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			2/9/06 941-8301888		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		