

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 007 ****70.00

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1. Entity Name
**ESTATES OF GASPARILLA PRESERVE PROPERTY
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**3899 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947**

Mailing Address
**PO BOX 3254
PLACIDA, FL 33946**

40019020



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number
90-0263660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANDENBERGER, JOHN JOHN
3899 CAPE HAZE DR
ROTONDA WEST, FL 33947**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **O'CONNOR, SCOTT**
STREET ADDRESS **3899 CAPE HAZE DRIVE**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **STD** ☐ Delete
NAME **O'CONNOR, KRISTIN**
STREET ADDRESS **3899 CAPE HAZE DRIVE**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **VD** ☐ Delete
NAME **HALVORSON, RICK**
STREET ADDRESS **3899 CAPE HAZE DR**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D** ☐ Delete
NAME **WILSON, CLIVE**
STREET ADDRESS **3899 CAPE HAZE DR**
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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

2/5/08

Date Daytime Phone #