2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2012
Secretary of State

DOCUMENT# N00000003522

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

Current Principal Place of Business:

3899 CAPE HAZE DRIVE
ROTONDA WEST, FL 33947

New Principal Place of Business:

Current Mailing Address:

PO BOX 3254
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 90-0263660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRANDENBERGER, JOHN
3899 CAPE HAZE DR
ROTONDA WEST, FL 33947 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: SD
Name: O'CONNOR, SCOTT
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: ROTONDA WEST, FL 33947

Title: PD
Name: O'CONNOR, KRISTIN
Address: 3899 CAPE HAZE DRIVE
City-St-Zip: ROTONDA WEST, FL 33947

Title: TD
Name: HALVORSON, RICK
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: D
Name: WILSON, CLIVE
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: VD
Name: SHAPPELL, JEAN
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

Title: D
Name: ROB, SHAPPELL
Address: 3899 CAPE HAZE DR
City-St-Zip: ROTONDA WEST, FL 33947

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: SCOTT O'CONNOR SD 04/11/2012

Electronic Signature of Signing Officer or Director — Date