

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003782

FILED
Apr 21, 2008
Secretary of State

Entity Name: GILLESPIE PARK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

617 GILLESPIE AVE.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 3073
SARASOTA, FL 342303073

New Mailing Address:

FEI Number: 41-2101087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLAND, LINDA E
617 GILLESPIE AVE.
SARASOTA, FL 34236 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: T/D () Delete
Name: MCINTOSH, JAMES
Address: 1865 5TH STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: D () Delete
Name: SCHNEBELT, JUDY
Address: 2701 GROVE STREET
City-St-Zip: SARASOTA, FL 34239 US

Title: VP/D () Delete
Name: MCINTOSH, JOY
Address: 1865 5TH STREET
City-St-Zip: SARASOTA, FL 34236 US

Title: VP/D () Delete
Name: HOLLAND, LINDA E
Address: 617 GILLESPIE AVENUE
City-St-Zip: SARASOTA, FL 34236 US

Title: P/D () Delete
Name: DUFFY, JAMES
Address: 1050 HAMPTON
City-St-Zip: SARASOTA, FL 34236 US

Title: S/D () Delete
Name: HOLLAND, WILLIAM D
Address: 800 GILLESPIE AVENUE
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D (X) Change () Addition
Name: DUFFY, JAMES
Address: 1771 RINGLING BLVD #911
City-St-Zip: SARASOTA, FL 34236 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA E. HOLLAND

VP/D

04/21/2008

Electronic Signature of Signing Officer or Director

Date