

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006962

FILED
Jan 17, 2006
Secretary of State

Entity Name: LITTLE GASPARILLA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3494 PENNYROYAL RD
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

LITTLE GASPARILLA ISLAND
PLACIDA, FL 33946

Current Mailing Address:

PO BOX 3643
PLACIDA, FL 33946

New Mailing Address:

FEI Number: 75-3150300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JOHN
3105 W WATERS AVE
SUITE 215
TAMPA, FL 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: PD () Delete
Name: STICKLE, DICK
Address: PO BOX 858
City-St-Zip: PLACIDA, FL 33946

Title: VD () Delete
Name: RIDENHOUR, RANDE
Address: PO BOX 3218
City-St-Zip: PLACIDA, FL 33946

Title: SD () Delete
Name: HUEBNER, GENA L
Address: PO BOX 323
City-St-Zip: PLACIDA, FL 33946

Title: TD () Delete
Name: HOLMES, PAUL
Address: PO BOX 240
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: ATTAWAY, RON
Address: PO BOX 764
City-St-Zip: PLACIDA, FL 33946

Title: D () Delete
Name: PARKE, NAT
Address: PO BOX 83A
City-St-Zip: PLACIDA, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: NE SMITH, PHYLLIS
Address: PO BOX 3643
City-St-Zip: PLACIDA, FL 33946

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL HOLMES

TD

01/17/2006

Electronic Signature of Signing Officer or Director

Date