2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State
01-22-2007 90078 029 ****61.25

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1. Entity Name
LITTLE GASPARILLA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
LITTLE GASPARILLA ISLAND PLACIDA, FL 33946	PO BOX 3643 PLACIDA, FL 33946

01122007 Chg-NP CR2E037 (12/06)

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

4. FEI Number 75-3150300 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOSTER, JOHN 3105 W WATERS AVE SUITE 215 TAMPA, FL	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STICKLE, DICK PO BOX 658 PLACIDA, FL 33946	☐ Delete PRESIDENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAY PERRY, D. P.O. BOX 3643 PLACIDA, FL. 33946	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NE SMITH, PHYLLIS PO BOX 3843 PLACIDA, FL 33946	☐ Delete VICE PRESIDENT	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID HAYNES, D. P.O. BOX 3643 PLACIDA, FL. 33946	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUEBNER, GENA L PO BOX 323 PLACIDA, FL 33946	☐ Delete SECRETARY	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHARON BELCHER, D P.O. BOX 3643 PLACIDA, FL. 33946	☐ Change ☒ Addition Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLMES, PAUL PO BOX 240 PLACIDA, FL 33946	☐ Delete TREASURER	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D A[redacted] PO BOX 754 PLACIDA, FL 33946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKE, NAT PO BOX 83A PLACIDA, FL 33946	☐ Delete DIRECTOR	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Paul Holmes PAUL HOLMES 1-18-07 941-697-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #