
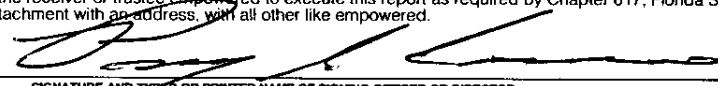


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90113 029 ****70.00

DOCUMENT # N03000010417 1. Entity Name GASPARILLA PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1811 ENGLEWOOD ROAD, SUITE 300 ENGLEWOOD, FL 34223				Mailing Address 1811 ENGLEWOOD ROAD, SUITE 300 ENGLEWOOD, FL 34223	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA, FL 33950				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DPT LAWRENCE, PERRY S <input type="checkbox"/> Delete 1811 ENGLEWOOD ROAD, SUITE 300 ENGLEWOOD, FL 34223			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS NELLOR, VICTOR G <input type="checkbox"/> Delete 1195 LARCHMONT DRIVE ENGLEWOOD, FL 34223			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Nellor, Victor G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1195 Larchmont Drive Englewood, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, JULEE <input type="checkbox"/> Delete 1811 ENGLEWOOD ROAD, SUITE 300 ENGLEWOOD, FL 34223			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date 7/1/04 Daytime Phone # 941-698-4180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Perry S. Lawrence					