

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90036 010 ****61.25

DOCUMENT # N03390					
1. Entity Name GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5151 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448 US			Mailing Address P.O. BOX 489 HOMOSASSA SPRINGS, FL 34447 US		
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 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDSAY, JANE 11577 W. ROSA CT. HOMOSASSA, FL 34448			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 <u>X JANE LINDSAY</u>		X <u>Jane H Lindsay</u>		X <u>3-12-08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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	P LEWIS, JIM 5246 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVIN, EDDIE 5272 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDSAY, JANE 11577 W. ROSA CT. HOMOSSASSA, FL 34448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, SUE 5264 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSON, RON 5206 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOBERLEY, MIKE 11573 W. ROSA COURT HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUDREY PAVLISKO 5216 S. RIVERVIEW CIR. HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN GARRETT 5234 S. RIVERVIEW CIR. HOMOSASSA, FL 34448	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>X JANE LINDSAY</u> X <u>Jane H Lindsay</u> <u>3/12/08</u> X <u>352-621-0434</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40045617

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2008 CORPORATION ANNUAL REPORT
GASPARILLA CAY HOMEOWNERS ASSOCIATION, INC.
CONTINUED:

D

KATHY LOUGHEA
5224 S. RIVERVIEW CIR.
HOMOSASSA, FL 34448

D

BOB LOUGHEA
5224 S. RIVERVIEW CIR.
HOMOSASSA, FL 34448

D

LEE KNOWLES
1815 SUZANNE LANE
LAKELAND, FL 33813

D

RICHARD SWANSON
5335 W. BONANZA DR.
HOMOSASSA, FL 34448