2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03390

FILED Feb 05, 2009 Secretary of State

Entity Name: GASPARILLA CAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5151 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448 US

Current Mailing Address: New Mailing Address:

P.O. BOX 489 P.O. BOX 489

HOMOSASSA SPRINGS, FL 34447 US HOMOSASSA SPRINGS, FL 34447 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LINDSAY, JANE LEWIS, JAMES L

11577 W. ROSA CT. 5246 S. RIVERVIEW CIRCLE HOMOSASSA, FL 34448 US HOMOSASSA, FL 34448 US

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: JAMES L. LEWIS 02/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: LEWIS, JIM Name: LEVIN, EDDIE
Address: 5246 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: P (X) Change () Addition Name: LEVIN, EDDIE
5272 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: V () Delete Title: V (X) Change () Addition Name: LEVIN, EDDIE Name: PIERSON, RONALD

Address: 5272 S. RIVERVIEW CIRCLE Address: 5206 S. RIVERVIEW CIRCLE City-St-Zip: HOMOSASSA, FL 34448 US City-St-Zip: HOMOSASSA, FL 34448 US

 $\label{eq:title:S} {\sf Title:S,T} \qquad \qquad {\sf (i) Delete} \qquad \qquad {\sf Title:S,T} \qquad \qquad {\sf (X) Change (i) Addition}$

Name:LINDSAY, JANEName:LEWIS, JAMES LAddress:11577 W. ROSA CT.Address:5246 S. RIVERVIEW CIRCLE

Address: 11377 W. ROSA CT. Address: 5246 S. RIVERVIEW CIRCLE

City-St-Zip: HOMOSSASSA, FL 34448 US City-St-Zip: HOMOSSASSA, FL 34448 US

Title: D () Delete Title: () Change () Addition

 Name:
 PAVLISKO, AUDREY
 Name:

 Address:
 5216 S RIVERVIEW CIR
 Address:

 City-St-Zip:
 HOMOSASSA, FL 34448 US
 City-St-Zip:

Name: PIERSON, RON Name: GARRETT, LIN

Address: 5206 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSASSA, FL 34448 US

Address: 5234 S. RIVERVIEW CIRCLE
City-St-Zip: HOMOSASSA, FL 34448 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GARRETT, LÎN
 Name:
 LOUGHEA, BÔB

 Address:
 5234 S RIVERVIEW CIR
 Address:
 5224 S RIVERVIEW CIR

 City-St-Zip:
 HOMOSASSA, FL 34448 US
 City-St-Zip:
 HOMOSASSA, FL 34448 US

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: JAMES L. LEWIS S,T 02/05/2009