2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# N05000005563

Entity Name: GASPARILLA VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

194 ROTONDA WEST BLVD
ROTONDA WEST, FL 33947

New Principal Place of Business:

207 CADDY ROAD
ROTONDA WEST, FL 33947

Current Mailing Address:

P O BOX 856
PLACIDA, FL 33946

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STURGES, ERNEST W JR
18501 MURDOCK CIR
STE 501
PT CHARLOTTE, FL 33948 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: WEAR, DANNY L
Address: P O BOX 856
City-St-Zip: PLACIDA, FL 33946

Title: VPSD ( ) Delete
Name: YUSK, BLAKE A
Address: 3385 GINSING LN
City-St-Zip: ENGLEWOOD, FL 34224

Title: TD ( ) Delete
Name: WEAR, STACY D
Address: P O BOX 856
City-St-Zip: PLACIDA, FL 33946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WEAR, DANNY L
Address: 207 CADDY ROAD
City-St-Zip: ROTONDA WEST, FL 33947

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

Title: TD (X) Change ( ) Addition
Name: WEAR, STACY D
Address: 207 CADDY ROAD
City-St-Zip: ROTONDA WEST, FL 33947

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: DANNY WEAR PD 05/08/2006
Electronic Signature of Signing Officer or Director — Date