

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000702 (9)

1. Corporation Name

GASPARILLA CAUSEWAY, INC.



Principal Place of Business

Mailing Address

1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified
02/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

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4. FEL Number

65-0565458

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204
City & State

27 Suite 204
City & State

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

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8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATSEL, C. GUY
1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 204

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE D
NAME SHARP, BAYARD
STREET ADDRESS 1060 10TH ST. EAST
CITY-ST-ZIP BOCA GRANDE FL 33921

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D
NAME CARROLL, W J
STREET ADDRESS 1817 JEAN LAFITTE DR.
CITY-ST-ZIP BOCA GRANDE FL 33921

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME HEFFERNAN, JOHN
STREET ADDRESS 2521 25TH ST. WEST
CITY-ST-ZIP BOCA GRANDE FL 33921

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME SHOLLEY, NANCY
STREET ADDRESS 1120 11TH ST. WEST
CITY-ST-ZIP BOCA GRANDE FL 33921

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D
NAME KNIGHT, JOHNS JR.
STREET ADDRESS 391 LEE AVE.
CITY-ST-ZIP BOCA GRANDE FL 33921

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D
NAME WRIGHT, DR. HANK
STREET ADDRESS 131 DAMFICARE ST.
CITY-ST-ZIP BOCA GRANDE FL 33921

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. J. Carroll, President

4/22/96

(941) 964-2265

Daytime Phone #

CR2E037 (12/95)