

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90046 012 ****61.25



DOCUMENT # N97000006744
1. Entity Name
**THE PRESERVE OF LITTLE GASPARILLA PHASE II
PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**705 E WASHINGTON ST
BLOOMINGTON IL 61701
US** **705 E WASHINGTON ST
BLOOMINGTON IL 61701
US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**TRACY, DENNIS J
229 PENSACOLA
VENICE FL 34285**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$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	SD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRZA, CANDACE	NAME	PRYBYLowski, LEO
STREET ADDRESS	1707 LAKE AVE.	STREET ADDRESS	P.O. Box 430
CITY-ST-ZIP	WILMETTE IL 60091	CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	DP <input type="checkbox"/> Delete	TITLE	DY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRZA, JEROME	NAME	MIRZA, JEROME
STREET ADDRESS	705 E WASHINGTON ST	STREET ADDRESS	705 E. WASHINGTON ST.
CITY-ST-ZIP	BLOOMINGTON IL 61701	CITY-ST-ZIP	BLOOMINGTON IL 61701
TITLE	F <input checked="" type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRZA, JEROME	NAME	FLATAV, ART II, M.D.
STREET ADDRESS	705 E. WASHINGTON STREET	STREET ADDRESS	6138 WATERS WAY
CITY-ST-ZIP	BLOOMINGTON IL 61701	CITY-ST-ZIP	SPRING HILL FL 34607
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRACY, DENNIS J	NAME	
STREET ADDRESS	229 PENSACOLA ROAD	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Jerome Mirza* **JEROME MIRZA** 2-12-04 309-827-8011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #