

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90105 031 \*\*\*\*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

**50028720**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address  
**6138 WATERS WAY** **6138 WATERS WAY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**SPRING HILL, FL** **SPRING HILL, FL**  
 Zip Country Zip Country  
**34607 USA** **34607 USA**

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

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

6. Name and Address of Current Registered Agent  
**TRACY, DENNIS J**  
**229 PENSACOLA**  
**VENICE FL 34285**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PRYBLOWSKI, LEO	
STREET ADDRESS	P.O. BOX 430	
CITY-ST-ZIP	PLACIDA FL 33946	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MIRZA, JEROME	
STREET ADDRESS	705 E WASHINGTON ST	
CITY-ST-ZIP	BLOOMINGTON IL 61701	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLATAU III, ART M.D.	
STREET ADDRESS	6138 WATERS WAY	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRACY, DENNIS J	
STREET ADDRESS	229 PENSACOLA ROAD	
CITY-ST-ZIP	VENICE FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* **ART FLATAU III** **3/14/2005 - 352 597 3444**