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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90117 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000003573

1. Corporation Name
GASPARILLA AQUATIC CLUB, INC.

Principal Place of Business: 2001 GASPARILLA RD. G 57 - PLACIDA FL 33946
 Mailing Address: 2001 GASPARILLA RD. G 57 PLACIDA FL 33946



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/17/1998	
24	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0834140	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip Country	28	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KORP, WILLIAM 333 S. TAMiami TRAIL STE. 199 VENICE FL 34284				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRIMM, MARGARET			1.2 NAME			
STREET ADDRESS	2001 GASPARILLA RD. G 57			1.3 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA FL 33946			1.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARLEY, RICHARD			2.2 NAME	ST. MARIE, SAM		
STREET ADDRESS	2001 GASPARILLA RD. G 57			2.3 STREET ADDRESS	2001 GASPARILLA RD G57		
CITY-ST-ZIP	PLACIDA FL 33946			2.4 CITY-ST-ZIP	PLACIDA, FL 33946		
TITLE	DS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, JOYCE			3.2 NAME			
STREET ADDRESS	2001 GASPARILLA RD. G 57			3.3 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA FL 33946			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZEEB, VIRGINIA			4.2 NAME			
STREET ADDRESS	2001 GASPARILLA RD. G 57			4.3 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA FL 33946			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, CORYDON			5.2 NAME			
STREET ADDRESS	2001 GASPARILLA RD. G 57			5.3 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA FL 33946			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MYERS, COURTNEY III			6.2 NAME			
STREET ADDRESS	2001 GASPARILLA RD. G57			6.3 STREET ADDRESS			
CITY-ST-ZIP	PLACIDA, FL 33946			6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: JOYCE M. SMITH **SIGNATURE REQUIRED** Date: 3/15/99 (941) 698-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)