

ANNUAL REPORT (AR)

DOCUMENT # N98000003573

1. Entity Name

GASPARILLA AQUATIC CLUB, INC.



FILED
Feb 12, 2007 08:00 AM
Secretary of State



Principal Place of Business 2001 GASPARILLA RD. G 57 PLACIDA FL 33946	Mailing Address 2001 GASPARILLA RD. G 57 PLACIDA FL 33946
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 65-0834140	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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
KORP, WILLIAM 333 S. TAMiami TRAIL STE. 199 VENICE FL 34284	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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP BEACH, GLADYS 2001 GASPARILLA RD. G57 PLACIDA FL 33946	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; display: inline-block;"> W00000634220 02/22/07-80001-003 61.25 </div>
	<input type="checkbox"/> Delete		
TITLE	DV FISHER, MARY 2001 GASPARILLA RD. G 57 PLACIDA FL 33946	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	DS GUENTHER, JANET 2001 GASPARILLA RD. G 57 PLACIDA FL 33946	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	DT PERRY, EILEEN K 2001 GASPARILLA RD. G 50 PLACIDA FL 33946	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D MOSKI, CHRISTINE 2001 GASPARILLA RD. G 57 PLACIDA FL 33946	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
TITLE	D CASTRO, DAVID 2001 GASPARILLA RD G-57 PLACIDA FL 33946	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Eileen K Perry* **EILEEN K. PERRY** 2/7/07 941-698-9143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR