

**2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 815219

**Entity Name:** GASPARILLA INN, INC.**Current Principal Place of Business:**5TH STREET & PALM AVENUE  
BOCA GRANDE, FL 33921**Current Mailing Address:**P. O. BOX 1088  
BOCA GRANDE, FL 33921**FEI Number:** 59-0940303**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CROSS, CHRISTOPHER BRENT  
500 PALM AVENUE  
BOCA GRANDE, FL 33921 US*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.***SIGNATURE:** CHRISTOPHER BRENT CROSS

05/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name CHADWICK, LAURA F  
Address 227 DEER PARK DR  
City-State-Zip: NASHVILLE TN 37205

Title D  
Name JOHNSTON, MARY F  
Address 11000 KEMWOOD  
City-State-Zip: HOUSTON TX 77024

Title D  
Name FARISH, WILLIAM S JR  
Address 886 MIDWAY ROAD  
City-State-Zip: VERSAILLES KY 40383

Title D  
Name FARISH, SARAH S  
Address 1100 LOUISIANA ST., STE 1200  
City-State-Zip: HOUSTON TX 77002

Title GM  
Name CROSS, CHRISTOPHER BRENT  
Address 500 PALM AVENUE  
City-State-Zip: BOCA GRANDE FL 33921

Title T  
Name SHRYOCK, LARRY  
Address 1100 LOUISIANA STREET  
1200  
City-State-Zip: HOUSTON TX 77002

Title S  
Name HOSKINS , WILLIAM  
Address 175 E. MAIN STREET  
City-State-Zip: LEXINGTON KY 40588

Title C  
Name PRICE , GLENN  
Address 500 PALM AVENUE  
City-State-Zip: BOCA GRANDE FL 33921

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER BRENT CROSS

GM

05/03/2024

Electronic Signature of Signing Officer/Director Detail

Date