FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761738** **(4)**

1. Corporation Name

ALLIGATOR PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6400 TAYLOR RD #101 PUNTA GORDA FL 33950 US	6400 TAYLOR RD #101 PUNTA GORDA FL 33950 US

3. Date Incorporated or Qualified: **02/03/1982**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BAKER, JANICE
6400 TAYLOR RD
#1000
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: McCullion, Barbara

82 Street Address (P.O. Box Number is Not Acceptable): 6400 Taylor Rd., #101

83

84 City: Punta Gorda FL 85 Zip Code: 33950

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: Barbara McCullion — 4/3/96 (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	BAKER, JANICE		1.2 NAME	Baker, Janice	
STREET ADDRESS	6400 TAYLOR ROAD #1000		1.3 STREET ADDRESS	6400 Taylor Rd., #518	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	VP	☐ DELETE	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	LEE, JACK		2.2 NAME	Lee, Jack	
STREET ADDRESS	200 EAGLE, ALLIGATOR PARK		2.3 STREET ADDRESS	6400 Taylor Rd., #200	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	T	☐ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MCCULLION, BARBARA		3.2 NAME	McCullion, Barbara	
STREET ADDRESS	101 TROUT ST. ALLIGATOR PARK #1000		3.3 STREET ADDRESS	6400 Taylor Rd., #101	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	D	☐ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	MCDEVITT, ELEANOR		4.2 NAME	McDevitt, Eleanor	
STREET ADDRESS	622 MANATE, ALLIGATOR PARK #1000		4.3 STREET ADDRESS	6400 Taylor Rd., #174	
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	TAYLOR, SAM		5.2 NAME	Taylor, Sam	
STREET ADDRESS	98 TROUT, ALLIGATOR PARK		5.3 STREET ADDRESS	6400 Taylor Rd, #198	
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	P	☒ DELETE	6.1 TITLE	President	☐ Change ☒ Addition
NAME	CASCADEN, WILLIAM		6.2 NAME	Lindsay, Charles	
STREET ADDRESS	620 N. MANATEE, ALLIGATOR PARK		6.3 STREET ADDRESS	6400 Taylor Rd., #171	
CITY-ST-ZIP	PUNTA GORDA FL		6.4 CITY-ST-ZIP	Punta Gorda FL 33950	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Barbara A. McCullion — 4/3/96 (Date) — 941-575-0629 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR