## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVIS

DOCUMENT #

Principal Place of Business

**PUNTA GORDA FL 33950** 

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

MCCULLION, BARBARA 6400 TAYLOR RD

**PUNTA GORDA FL 33950** 

6400 TAYLOR RD

21

22

23

24

Zip

#101

761738

26

27

28

29

ALLIGATOR PARK ASSOCIATION, INC.

Country

9. Name and Address of Current Registered Agent

25

| DIVISION OF CORPORATIONS   |             |           |        |                   |                         | Scoretary of State   |   |                      |                         |                                      |  |  |
|--|-------------|-----------|--------|-------------------|-------------------------|--|---|----------------------|-------------------------|--------------------------------------|--|--|
| (4   | l)          |           |        |                   |                         |  |   |                      |                         |                                      |  |  |
| C.   |             |           |        |                   |                         |  |   |                      |                         |                                      |  |  |
| Mailing Address  |             |           |        |                   |                         | - I SOBRAN IBBUR DAYON HARN DOODB INIDE TOTI BURGA DARN DIDAY BARNA BARN BARNA DABA              |   |                      |                         |                                      |  |  |
| 6400 TAYLOR RD<br>#101<br>PUNTA GORDA FL                         | . 33950-836 | 9         |        |                   |                         | 5  |   | -1-                  |                         |                                      |  |  |
| US   |             |           |        |                   | 3.                      | . Date In<br><b>02</b>   | corporated or Qualified<br>2/03/1982                    | 3a.                  | Date of La<br>04/08     | st Report<br><b>/1996</b>            |  |  |
| 2a. Mailing Address  |             |           |        |                   |                         | 4. FEI Number  |   |                      |                         | Applied For                          |  |  |
|  |             |           |        |                   |                         | NOT APPLICABLE   |   |                      |                         | Not Applicable                       |  |  |
| Suito, Apt. #, etc.  |             |           |        |                   |                         | Certific   | ate of Status Desired                                   |                      |                         | 75 Additional<br>e Required          |  |  |
| City & State   |             |           |        |                   |                         |  | n Campaign Financing<br>und Contribution                |                      | •                       | \$5.00 May Be<br>Added to Fees       |  |  |
| Zip<br>29  | 30          | Country   |        |                   |                         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No |   |                      |                         |                                      |  |  |
| gistered Agent   |             |           | Į      |                   | 10.                     | Name   | and Address of New R                                    | egistere             | d Agent                 |                                      |  |  |
|  |             |           | 81     | Name              |                         |  |   |                      |                         |                                      |  |  |
| 82 Street Addres   |             |           |        |                   | ddress (F               | O. Box   | Number is Not Accepte                                   | able)                |                         |                                      |  |  |
|  |             |           | 83     |                   |                         |  |   |                      |                         |                                      |  |  |
| 84 City  |             |           |        |                   |                         |  | ·   | F                    | L 85                    | Zip Code                             |  |  |
| d 617.1508, Florida<br>lorida. Such chang<br>s of, Section 617.0 | ie was auth | iorize    | ed by  | the corpo         | orporatio<br>ration's l | on submit<br>board of  | ts this statement for the directors. I hereby according | purpose<br>ept the a | of changir<br>ppointmen | ng its registered<br>t as registered |  |  |
| Lion   | Alon P      | aniata :  | 4.6-   | ent signature re  | au kad ut :             | selector -   | <u>3</u>  | <u>  27</u>          | 197                     |                                      |  |  |
| RECTORS  | (NOTE: RE   | 13.       | iv Age | aur eiffugrois te |                         |  | )<br>NS/CHANGES TO OFF                                  | ICERS A              | ND DIBEC                | 10R9 IN 12                           |  |  |
| DELI   | ETE         | 1.1 TITLE |        |                   |                         | 4  | HOOTHANDED TO OIT                                       | IUL.NO A             | Char                    |                                      |  |  |
|  |             | 1.2 N     |        |                   | secm<br>Apple           | nott   | Janice  |                      | Eas Char                |                                      |  |  |
|  |             | 400       | 10551  | ADDRESC           | 111.0                   | 75" Y  | IN I FIG  |                      |                         |                                      |  |  |

**FILED** 

Apr 02 1997 8:00am

Secretary of State

 Pursuant to the provisions of Soctions 617.0502 and 617.1508, Florid office or registered agent, or both, in the State of Florida. Such changagent. I am familiar with and accept the obligations of, Section 617.0 SIGNATURE

Barbaro McCullion

Signature, typed of printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 12. TITLE DE BAKER, JANICE NAME 6400 TAYLOR ROAD, #518 STREET ADDRESS Punta Gorda, FL PUNTA GORDA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 THLE GILBERT, Ed 6400 Taylor Rd, #513 Punta Gorda, FL 33950 LEE, JACK 2.2 NAME NAME 6400 TAYLOR ROAD, #200 STREET ADDRESS 2.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 101 F Change Addition TITLE Treasurer MCCULLION, BARBARA McCullion, Barbara 6400 Taylor Rd. #101 Punta Gorda, FL 33950 NAME 3.2 NAME 6400 TAYLOR ROAD, #101 STREET ADDRESS 3.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 3.4. CITY-ST-2IP Director Me Devitt, Eleanor 6400 Taylor Rd, #174 DELETE Change Addition TITLE 4.1 TITLE NAME MCDEVITT, ELEANOR 4.2 NAME 6400 TAYLOR ROAD, #174 STREET ADDRESS 4.3 STREET ADDRESS Punta Gorda, FL 33950 CITY-ST-ZIP **PUNTA GORDA FL** 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITL€ Director NAME TAYLOR, SAM 5.2 NAME Taylor, Sam 6400 Taylor Rd, #98 Punta Gorda, FL33950 Precident 6400 TAYLOR ROAD, #98 STREET ADDRESS 5.3 STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 6.1 TITLE Vinginia Stephenson STREET ADDRESS 5400 TAYLOR RD, #171
6.3 STREET ADDRESS 6400 TAYLOR RD, #171
6.4 CITY-ST-ZIP PUNTA GORDA FL
6.5 STREET ADDRESS 6400 TAYLOR RD, #1245
6.4 CITY-ST-ZIP PUNTA GORDA FL
6.5 STREET ADDRESS 6400 TAYLOR RD, #1245
6.4 CITY-ST-ZIP PUNTA GORDA FL
7 3 3 9 5 0

14. 1 do hereby certify that the information supplied with this filling 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 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. NAME LINSAY, CHARLES 6.2 NAME

WALL M. M. W. C.