FILE NOW: FILING FEE IS $61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCULLION, BARBARA
6400 TAYLOR RD
#101
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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, Treas. 3/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BAKER, JANICE		1.2 NAME	Virginia Stephenson	
STREET ADDRESS	6400 TAYLOR ROAD, #518		1.3 STREET ADDRESS	6400 Taylor Rd., #245	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	S	☒ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	APPLEGETT, JANICE		2.2 NAME	Marjorie Simmons	
STREET ADDRESS	6400 TAYLOR ROAD, 518		2.3 STREET ADDRESS	6400 Taylor Rd., #210	
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLION, BARBARA		3.2 NAME		
STREET ADDRESS	6400 TAYLOR ROAD, #101		3.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCDEVITT, ELEANOR		4.2 NAME		
STREET ADDRESS	6400 TAYLOR ROAD, #174		4.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, SAM		5.2 NAME		
STREET ADDRESS	6400 TAYLOR ROAD, #98		5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, ED		6.2 NAME		
STREET ADDRESS	6400 TAYLOR RD, 513		6.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Barbara McCullion Barbara McCullion 3/30/98 575-0629