2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State
07-21-2000 90158 024 ****61.25

DOCUMENT # 761738

1. Entity Name

ALLIGATOR PARK ASSOCIATION, INC. ✓

Principal Place of Business	Mailing Address
6400 TAYLOR RD #203 PUNTA GORDA FL 33950 US	6400 TAYLOR RD #203 PUNTA GORDA FL 33950 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6400 TAYLOR RD.	6400 TAYLOR RD
Suite, Apt. #, etc. #A8	Suite, Apt. #, etc. #A8
City & State PUNTA GORDA, FL	City & State PUNTA GORDA FL
Zip 33950 Country CHARLOTTE	Zip 33950 Country CHARLOTTE

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

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
LILLY, GRETA B 6400 TAYLOR RD #203 PUNTA GORDA FL 33950	Name Esther Rook Street Address (P.O. Box Number is Not Acceptable) #A8 6400 TAYLOR City PUNTA GORDA FL Zip Code 33950

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.

SIGNATURE ESTHER Rook T 7-17-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STEPHENSON, VIRGINIA 6400 TAYLOR RD SUITE 245 PUNTA GORDA FL 33950	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	ESTHER Rook 6400 TAYLOR RD #A8 PUNTA GORDA FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LILLY, GRETA B 6400 TAYLOR RD, STE 203 PUNTA GORDA FL 33950	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA POWELL 6400 TAYLOR RD #2 PUNTA GORDA FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COGAN, DRE 6400 TAYLOR RD, STE 250 PUNTA GORDA FL 33958	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY LEZAN 6400 TAYLOR Rd. #238 PUNTA GORDA FL 33950	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, RUTH 6400 TAYLOR RD STE 237 PUNTA GORDA FL 33950	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUHN, FRAN 6400 TAYLOR RD, STE 215 PUNTA GORDA FL 33950	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILBERT, ED 6400 TAYLOR RD, 513 PUNTA GORDA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 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: SIGNATURE REQUIRED Esther Rook ESTHER Rook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7-17-00 — Daytime Phone #