2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) . ~~

Mar 23, 2005 8:00 am Secretary of State DOCUMENT # 761738 03-23-2005 90031 046 ****61.25 1. Entity Name ALLIGATOR PARK ASSOCIATION, INC. Principal Place of Business Mailing Address 6400 TAYLOR RD, A8 PUNTA GORDA FL 33950 6400 TAYLOR RD, A8 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 4. FEI Number NO-T APPI Applied For City & State City & State NO-T APPLICABLE Not Applicable Ζip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROOK, ESTHEN Street Address (P.O. Box Number is Not Acceptable) 6400 TAYLOR RD. A8 PUNTA GORDA FL 33950 Zip Code 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. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Due By May 1, 2005 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE 🞝 ☐ Change ROOK, TESTHER MINIAM BESAW NAME NAME FUNTH Gorda F/ 33950 6400 TAYLOR RD # A8 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP PRALL MAGYAR 6400 TAYIOT RR. A17 HILE ☐ Delete TITLE D ☐ Change ☐ Addition JOHNSON, ELAINE NAME 6400 TAYLOR RD, STE 203 STREET ADDRESS STREET ADDRESS Punta Gorda F1 33950 PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-7IP Delores Cottom 6400 TAYlor Re Punta Gorda F1.33950 P TITLE Delete TITLE ☐ Change ☐ Addition BESAW, JAMES NAME NAME 6408 TAYLOR RD STE 159 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP SHAron PAGE 00 6400 TAGION PD 4/223 TITLE ☐ Delete TITLE ☐ Addition MAGYAR, PEARL P NAME NAME 6400 TAYLOR RD # A 17 STREET ADDRESS STREET ADDRESS Punta Gan Re 1=1 33950 PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DRAKE, EVELYN NAME NAME 6400 TAYLOR RD, STE 215 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition HAYEK, ART NAME NAME 6400 TAYLOR RD. STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33950 CITY-ST-ZIP

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.

ESCHEUB KU-CK
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

3-18-05 941-637-1683

FILED