


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # 738078</b><br>1. Entity Name<br>ALLIGATOR POINT TAXPAYERS' ASSOCIATION, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>A250, CR 370<br>PANACEA, FL 32346 US | Mailing Address<br>GULF BLVD<br>PO BOX 213<br>PANACEA, FL 32346 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-NP CR2E037 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1766462 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>KIMBROUGH, WILLIAM W<br>1299 ANGUS MORRISON DR<br>ALLIGATOR POINT, FL 32346 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

|  |   |
|--|---|
| <b>10. OFFICERS AND DIRECTORS</b>                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>OSBORN, KENNETH<br>1508 ALLIGATOR DR<br>ALLIGATOR POINT, FL 32346           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>CUMMINS, JIM<br>1671 ALLIGATOR DR<br>ALLIGATOR POINT, FL 32346              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | TD<br>KIMBROUGH, WILLIAM W<br>1299 ANGUS MORRISON DR<br>ALLIGATOR POINT, FL 32346 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DV<br>MARUSZAK, A M<br>173 HARBOR CIR<br>ALLIGATOR POINT, FL 32346                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DV<br>WATERS, RICHARD P JR<br>1038 GULF SHORES BLVD<br>ALLIGATOR POINT, FL 32346  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

U00000255420  
03/08/05-80015-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**  **3/8/2005** **229-242-4153**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #