2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 738078

1. Entity Name
ALLIGATOR POINT TAXPAYERS' ASSOCIATION, INC.

Principal Place of Business
A250, CR 370
PANACEA, FL 32346 US

Mailing Address
GULF BLVD
PO BOX 213
PANACEA, FL 32346

03202006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1766462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KIMBROUGH, WILLIAM W
1299 ANGUS MORRISON DR
ALLIGATOR POINT, FL 32346

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

Filing Fee Is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OSBORN, KENNETH
STREET ADDRESS	1508 ALLIGATOR DR
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	SD
NAME	CUMMINS, JIM
STREET ADDRESS	1671 ALLIGATOR DR
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	TO
NAME	KIMBROUGH, WILLIAM W
STREET ADDRESS	1299 ANGUS MORRISON DR
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	DV
NAME	MARUSZAK, A M
STREET ADDRESS	173 HARBOR CIR
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	DV
NAME	WATERS, RICHARD P JR
STREET ADDRESS	1038 GULF SHORES BLVD
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000482107
04/11/06-80062-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William W. Kimbrough, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2006
Date Daytime Phone #