


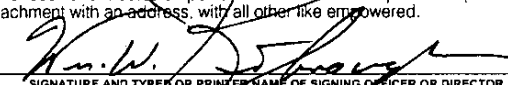
**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90210 047 \*\*\*\*61.25

**60001228**



<b>DOCUMENT # 738078</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1766462	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KIMBROUGH, WILLIAM W 1299 ANGUS MORRISON DR ALLIGATOR POINT, FL 32346			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSBORN, KENNETH		NAME		
STREET ADDRESS	1508 ALLIGATOR DR		STREET ADDRESS		
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINS, JIM		NAME	Godfrey, Camilla	
STREET ADDRESS	1671 ALLIGATOR DR		STREET ADDRESS	1593 Alligator Dr	
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346		CITY-ST-ZIP	Alligator Point, FL 32346	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMBROUGH, WILLIAM W		NAME		
STREET ADDRESS	1299 ANGUS MORRISON DR		STREET ADDRESS		
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARUSZAK, A M		NAME	Munroe, Don	
STREET ADDRESS	173 HARBOR CIR		STREET ADDRESS	12 Grouper St.	
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346		CITY-ST-ZIP	Alligator Point FL 32346	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATERS, RICHARD P JR		NAME		
STREET ADDRESS	1038 GULF SHORES BLVD		STREET ADDRESS		
CITY-ST-ZIP	ALLIGATOR POINT, FL 32346		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 1/11/07		Daytime Phone #: 229/242-4153
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					