

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738078

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** ALLIGATOR POINT TAXPAYERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

A250, CR 370  
PANACEA, FL 32346 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 213  
PANACEA, FL 32346

**New Mailing Address:**

**FEI Number:** 59-1766462      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIMBROUGH, WILLIAM W  
1299 ANGUS MORRISON RD  
ALLIGATOR POINT, FL 32346 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ROGERS, SAM  
Address: 1659 ALLIGATOR DR  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: SD  
Name: MURPHY, JOHN  
Address: 766 ALLIGATOR DR  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: TD  
Name: KIMBROUGH, WILLIAM W  
Address: 1299 ANGUS MORRISON RD  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: DV  
Name: HAMBROSE, JOE  
Address: 1551 ALLIGATOR DR  
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: DV  
Name: SOSEBEE, EDDIE JR  
Address: 1540 ALLIGATOR DR  
City-St-Zip: ALLIGATOR POINT, FL 32346

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM W. KIMBROUGH

TD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date