FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20654 (2)

1. Corporation Name
ALLIGATOR LAKE CHAIN HOMEOWNER'S ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
P O BOX 701853 ST. CLOUD FL 34771	P O BOX 701853 ST. CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1987
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2421997 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~DOWER, SAM~~
~~6105 LAKE LIZZIE DR~~
~~ST. CLOUD FL 34771~~

10. Name and Address of New Registered Agent

81 Name: AL BERNETTI
82 Street Address (P.O. Box Number is Not Acceptable): 6795 BASS HWY.
83
84 City: ST. CLOUD FL 85 Zip Code: 34771

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: AL Bernetti AL BERNETTI 3/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	~~DOWER, SAM J~~	1.2 NAME	BERNETTI, AL	
STREET ADDRESS	~~6335 JUDITH CT.~~	1.3 STREET ADDRESS	6795 BASS HWY.	
CITY-ST-ZIP	~~ST. CLOUD FL~~	1.4 CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE	S	2.1 TITLE	D	☐ Change ☒ Addition
NAME	JONES, PEGGY	2.2 NAME		
STREET ADDRESS	6365 BONNIE CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	ZIP 34771	
TITLE	V	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~BERNETTI, AL~~	3.2 NAME	DOWER SAM JR.	
STREET ADDRESS	~~2430 BREEZE RD.~~	3.3 STREET ADDRESS	6335 JUDITH CT.	
CITY-ST-ZIP	~~ST. CLOUD FL~~	3.4 CITY-ST-ZIP	ST. CLOUD, FL 34771	
TITLE	T	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DUERK, EUGENE M	4.2 NAME		
STREET ADDRESS	5404 ALLIGATOR LAKE RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	ZIP 34772	
TITLE	S	5.1 TITLE		☒ Change ☐ Addition
NAME	~~NIEDENTHAL, RICHARD F.~~	5.2 NAME	NONE	
STREET ADDRESS	~~5310 ALLIGATOR LAKE RD.~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~ST. CLOUD FL~~	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene M Duerk 3-13-95 (407) 957-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EUGENE M DUERK