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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N20654

(2)

ALLIGATOR LAKE CHAIN HOMEOWNER'S ASSOCIATION, IN

Principal Place of Business

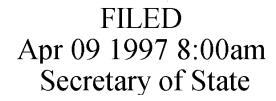
Mailing Address

P O BOX 701953 ST. CLOUD FL 34771

2. Principal Place of Business

P O BOX 701953 ST. CLOUD FL 34770-1953

2a. Mailing Address



4811.41 010 11011 40115	

3a. Date of Last Report 02/14/1996

Applied For

Not Applicable

3. Date Incorporated or Qualified 05/11/1987

59-2421997

4. FEI Number

DECHIEFOR M DUERK 3-21-97 407-957-

Suite, Apt	· •		27	Suite, Apt. #, etc.				5	i. Certificate of Statu	s Desired		\$8.75 A	
City & Sta							. Election Campaig	n Financing		\$5.00	Мау Ве		
23			28		<u> </u>				Trust Fund Contrib	oution		Added t	o Fées
Zip	[Country	Zig	9	Cou	intry		a	. This corporation h			_	199.032,
24		25	29	 	30				Florida Statutes			No	
	9. Name	and Address of Curre	nt Registere	ad Agent		ļ		10). Name and Addre	ss of New R	egistered :	Agent	
						81	Name -	Tin	St Fin	RDON			
AL BEF	NETTI					82	Street Ad	ddress (P.O. Box Number is		ble		
	ASS HWY								LAKE LI			<u> </u>	
ST CLC	OUD FL 347	71				63							
						84	City	3	<u>л — — — — — — — — — — — — — — — — — — —</u>			85 Zip (`oda
						[]		ž. [2000		FL	34	Code ファ/
11. Pursuant	to the provisi	ions of Sections 617.05	02 and 617.	1508, Florida Statut	es, the at	bove	-named o	orporati	on submits this state	ment for the	purpose of	changing its	s registered
office or agent. I	registered ag am familiar wi	ions of Sections 617.05 ent, or both, in the Stat th, and accept the obli	e of Florida. cations of Se	Such change was rection 617,0503. Fl	authorize: orida Stat	a by lutes:	the corpo	a'noifarc	board of directors.	nereby acce	pt the app	ointment as	registered
SIGNATURE	/	5-6-		Tim S.	- 120	 	~~/			4-1	97		
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if ap	plicable (NO)	E: Registered	d Agen	it signature re	equired whe	en reinsteting)		DATE		
12.		OFFICERS A	ND DIRECTO		13.				ADDITIONS/CHANG	GES TO OFFI	CERS AND	DIRECTOR	S IN 12
TITLE	PD			DELETÉ	1.1 T	TLE		PD				Change	Addition
NAME	BERNET	ITI, AL			1.2 N/	AME	[アン	N ST. 601	e DON	_		
STREET ADDRESS	2430 BF	REEZE ROAD			1.3 ST	REET A	ADDRESS	620	5 LAKE	LIZZ	IE DI	RIVE	
CITY-ST-ZIP	ST CLO	UD FL			1.4 CI	TY-ST	-ZIP	ST.	CLOUDI	-1 39	77/		
TITLE	D			DELETE	2.1 TI	TLE	i	SD	•			Change	Addition
NAME	COBLE.	Debra			2.2 N/	AME			AN BAIL				
STREET ADDRESS		REEZE ROAD			2.3 \$1	TAEET A	adoress [52	81 CORA.	i coi	ver-		
CITY - ST - ZIP	ST. CLC				2.4 C	ary-si	T-ZIP	OR	LANDO. 1	FL 32	811		
TITLE	VD			DELETE	3.1 TO	TLE			7			Change	Addition
NAME	DOWER	, SAM JR			3.2 N/	AME							
STREET ADDRESS	1	JOITH CT			3.3 \$1	TREET A	ADDRESS (
CITY-ST-ZIP	ST CLO				3.4. C	ITY-\$1	T-ZIP						
TITLE	D	**		☐ DELETE	4.1 Tr			70				Change	Addition
NAME	1 -	EUGENE M			4.2 N	IAME							
STREET ADDRESS		LIGATOR LAKE RD.			4.3 \$1	TREET /	address						
CITY-ST-ZIP	ST. CLC				- 1	ITY-ST						•	
TITLE	<u></u>	YY ' b		DELETE	5.1 11					····		Change	☐ Addition
NAME				- -	5.2 N	AME	1						
STREET ADDRESS					1		ADDRESS						
CITY-ST-ZIP						ITY-ST							
TITLE	 			DELETE	6.1 TI							Change	Addition
NAME					6.2 N		-						
STREET ADDRESS					1		ADDRESS						
City-ST-ZIP	Í				6.4 CI		1						
	by certify that	t the information suppli	ed with this f	iting does not quali				ated in S	Section 119.07(3)(i).	Florida Statut	es. I further	certify that	the
informati	on indicated of officer or direc	t the information suppli on this annual report or ctor of the corporation of	supplements or the receive	al annual report is t er or trustee empov	rue and a vered to e	BCCUI EXECU	rate and t ute this re	that my to	signature shall have required by Chapter	the same leg 617, Florida	al effect as Statutes; a	if made und nd that my n	der oath; that ame