


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20654 (2) 1. Corporation Name ALLIGATOR LAKE CHAIN HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business P O BOX 701853 ST. CLOUD FL 34771			Mailing Address P O BOX 701853 ST. CLOUD FL 34770-1853		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/11/1987 3a. Date of Last Report 02/14/1996 4. FEI Number 59-2421997 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent AL BERNETTI 6795 BASS HWY ST CLOUD FL 34771			10. Name and Address of New Registered Agent 81 Name TIM ST. GORDON 82 Street Address (P.O. Box Number is Not Acceptable) 6205 LAKE LIZZIE DRIVE 83 84 City ST. CLOUD FL 85 Zip Code 34771		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <u>T. St. Gordon</u> Tim St. Gordon DATE 4-1-97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD	NAME BERNETTI, AL	DELET <input checked="" type="checkbox"/>	1.1 TITLE PD	1.2 NAME TIM ST. GORDON	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2430 BREEZE ROAD			1.3 STREET ADDRESS 6205 LAKE LIZZIE DRIVE		
CITY-ST-ZIP ST CLOUD FL			1.4 CITY-ST-ZIP ST. CLOUD, FL 34771		
TITLE D	NAME COBLE, DEBRA	DELET <input checked="" type="checkbox"/>	2.1 TITLE SD	2.2 NAME JOAN BAILEY	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2430 BREEZE ROAD			2.3 STREET ADDRESS 5281 CORAL COURT		
CITY-ST-ZIP ST. CLOUD FL			2.4 CITY-ST-ZIP ORLANDO, FL 32811		
TITLE VD	NAME DOWER, SAM JR	DELET <input type="checkbox"/>	3.1 TITLE	3.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 6335 JUDITH CT			3.3 STREET ADDRESS		
CITY-ST-ZIP ST CLOUD FL			3.4 CITY-ST-ZIP		
TITLE D	NAME DUERK, EUGENE M	DELET <input type="checkbox"/>	4.1 TITLE TD	4.2 NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 5404 ALLIGATOR LAKE RD.			4.3 STREET ADDRESS		
CITY-ST-ZIP ST. CLOUD FL			4.4 CITY-ST-ZIP		
TITLE	NAME	DELET <input type="checkbox"/>	5.1 TITLE	5.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	NAME	DELET <input type="checkbox"/>	6.1 TITLE	6.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 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: <u>EUGENE M DUERK</u> 3-26-97 407-957-5404 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070432					



CP2E037 (9/96)