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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20654

1. Corporation Name

**ALLIGATOR LAKE CHAIN HOMEOWNER'S ASSOCIATION, IN
C.**

Principal Place of Business

P O BOX 701953
ST. CLOUD FL 34771

Mailing Address

P O BOX 701953
ST. CLOUD FL 34771



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/11/1987

21

26

4. FEI Number

59-2421997

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. GORDAN, TIM
6205 LAKE LIZZIE DRIVE
ST. CLOUD FL 34771

81 Name

KERRY BROADDUS

82 Street Address (P.O. Box Number is Not Acceptable)

600 EDEN 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-2-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ST. GORDAN, TIM
STREET ADDRESS 6205 LAKE LIZZIE DRIVE
CITY-ST-ZIP ST CLOUD FL

☐ DELETE

1.1 TITLE PD
1.2 NAME KERRY BROADDUS
1.3 STREET ADDRESS 600 EDEN DR.
1.4 CITY-ST-ZIP ST. CLOUD, FL 34771

☒ Change ☐ Addition

TITLE SD
NAME BAILEY, JOAN
STREET ADDRESS 5281 CORAL COURT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

2.1 TITLE SD
2.2 NAME KELLY MELTON
2.3 STREET ADDRESS 673 N. WILD FLOWER
2.4 CITY-ST-ZIP LONGWOOD, FL 32750

☒ Change ☐ Addition

TITLE VD
NAME DOWER, SAM JR
STREET ADDRESS 6335 JUDITH CT
CITY-ST-ZIP ST CLOUD FL

☐ DELETE

3.1 TITLE VD
3.2 NAME BILL HOOVER
3.3 STREET ADDRESS 5950 E. IRLO BRONSON
3.4 CITY-ST-ZIP ST. CLOUD, FL 34771

☒ Change ☐ Addition

TITLE TD
NAME DUERK, EUGENE M
STREET ADDRESS 5404 ALLIGATOR LAKE RD.
CITY-ST-ZIP ST. CLOUD FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Eugene M. Duerk* SIGNATURE REQUIRED: *EUGENE M. DUERK* 2-3-99 407-957-5404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)