

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20654

FILED
Mar 16, 2004
Secretary of State**Entity Name:** ALLIGATOR LAKE CHAIN HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**P O BOX 701953
ST. CLOUD, FL 34771**New Principal Place of Business:****Current Mailing Address:**P O BOX 701953
ST. CLOUD, FL 34771**New Mailing Address:****FEI Number:** 59-2421997**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROADDUS, KERRY
600 EDEN DRIVE
ST. CLOUD, FL 34771**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:** PD () Delete
Name: BROADDUS, KERRY
Address: 600 EDEN DR
City-St-Zip: ST CLOUD, FL 34771**Title:** TSD () Delete
Name: LANIER, JENNIFER
Address: 596 EDEN DR
City-St-Zip: SAINT CLOUD, FL 34771**Title:** D () Delete
Name: HUTTON, BUD
Address: 6133 BASS HWY
City-St-Zip: SAINT CLOUD, FL 34771**Title:** VD () Delete
Name: ST.GORDON, TIM
Address: 6205 LK LIZZIE DR.
City-St-Zip: SAINT CLOUD, FL 34771**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JENNIFER LANIER

TSD

03/16/2004

Electronic Signature of Signing Officer or Director

Date