

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20654

FILED
Jan 14, 2006
Secretary of State

Entity Name: ALLIGATOR LAKE CHAIN HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 701953
ST. CLOUD, FL 34770

New Principal Place of Business:

Current Mailing Address:

P O BOX 701953
ST. CLOUD, FL 34770

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:

LANIER, JENNIFER
596 EDEN DRIVE
ST. CLOUD, FL 34771 US

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: DANIELS, MARK
Address: P.O. BOX 701953
City-St-Zip: ST CLOUD, FL 34770

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: PD (X) Change () Addition
Name: DANIEL, MARK
Address: P.O. BOX 701953
City-St-Zip: ST CLOUD, FL 34770

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 Chapter 119, 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: MARK DANIEL

PD

01/14/2006

Electronic Signature of Signing Officer or Director

Date