

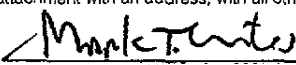


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N32928 1. Entity Name GATOR ROAD MAINTENANCE ASSOCIATION, INC.							
Principal Place of Business 7851 SUPPLY DRIVE FORT MYERS, FL 33912		Mailing Address 7851 SUPPLY DRIVE FORT MYERS, FL 33912					
DO NOT WRITE IN THIS SPACE							
							
		01232006 No Chg-NP CR2E037 (11/05)					
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">4. FEI Number 65-0129039</td><td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0129039	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0129039	Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent WILES, MARK 7851 SUPPLY DRIVE FORT MYERS, FL 33912		DO NOT WRITE IN THIS SPACE					
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE	PD	<div style="font-family: monospace; font-size: 1.2em;">U00000508373 04/28/06-80003-005 61.25</div> <div style="font-size: 1.5em; margin-top: 20px;">DO NOT WRITE IN THIS SPACE</div>					
NAME	PALEN, HOWARD E.						
STREET ADDRESS	10181 SIX MILE CYPRESS						
CITY-ST-ZIP	FORT MYERS, FL 33912						
TITLE	VD						
NAME	SMITH, LARRY W.						
STREET ADDRESS	16911 GATOR RD						
CITY-ST-ZIP	FORT MYERS, FL						
TITLE	SD						
NAME	CORBETT, DONALD K.						
STREET ADDRESS	RT 13.19031 U.S. 41, S.E.						
CITY-ST-ZIP	FORT MYERS, FL						
TITLE	TD						
NAME	WILES, MARK						
STREET ADDRESS	7851 SUPPLY DR						
CITY-ST-ZIP	FORT MYERS, FL 33912						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 		/ 2/26/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>					