FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 12 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46255** · **(8)**

1. Corporation Name
ALLIGATOR POINT CAMPERS ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
ROUTE 1, BOX 3392 PANACEA FL 32346	ROUTE 1, BOX 3392 PANACEA FL 32346

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1991
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-3096440 — Applied For ☐ — Not Applicable ☒
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COX, MARTHA J.
ROUTE 1, BOX 3392
PANACEA FL 32346

10. Name and Address of New Registered Agent

81 Name: KUNEMAN DONALD
82 Street Address (P.O. Box Number is Not Acceptable): ROUTE 1, BOX 3392
83
84 City: PANACEA, FL. 32346 — FL — 85 Zip Code: 32346

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: REG. AGENT D. KUNEMAN — D. Kuneman — Mar 8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	KUNEMAN, DONALD	1.2 NAME	BRUNSVELD, H.	
STREET ADDRESS	RR1 BOX 3392	1.3 STREET ADDRESS	RR1 BOX 3392	
CITY-ST-ZIP	PANACEA FL	1.4 CITY-ST-ZIP	PANACEA FL. 32346	
TITLE	VP	2.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	LEEN, HENERY	2.2 NAME	BIN 3, J.V.	
STREET ADDRESS	RR 1 BOX 3392	2.3 STREET ADDRESS	RR 1, BOX 3392	
CITY-ST-ZIP	PANACEA FL	2.4 CITY-ST-ZIP	PANACEA, FL. 32346	
TITLE	T	3.1 TITLE	SECRETARY/DIRECTOR	☑ Change ☐ Addition
NAME	KUNEMAN, ETTAMAY	3.2 NAME	KUNEMAN, ETTAMAY	
STREET ADDRESS	RR 1 BOX 3392	3.3 STREET ADDRESS	RR 1, BOX 3392	
CITY-ST-ZIP	PANACEA FL	3.4 CITY-ST-ZIP	PANACEA, FL. 32346	
TITLE	D	4.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	SLETZER, WILLIAM	4.2 NAME	BENTLEY, ROBERT	
STREET ADDRESS	RR 1 BOX 3392	4.3 STREET ADDRESS	R.R.1 BOX 3392	
CITY-ST-ZIP	PANACEA FL	4.4 CITY-ST-ZIP	PANACEA, FL. 32346	
TITLE	D	5.1 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	REED, WILLIAM	5.2 NAME	REED, WILLIAM	
STREET ADDRESS	RR 1 BOX 3392	5.3 STREET ADDRESS	R.R. 1, BOX 3392	
CITY-ST-ZIP	PANACEA FL	5.4 CITY-ST-ZIP	PANACEA, FL. 32346	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, ROBERT	6.2 NAME		
STREET ADDRESS	RR 1 BOX 3392	6.3 STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Hendrik Brunsveld — Mar 8/95 — (904) 349-2657
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRES. HENDRIK BRUNSVELD

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