

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

12/02/1991

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUNEMAN, DONALD
ROUTE 1, BOX 3392
PANACEA FL 32346

81 Name

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

83

500001771826
-04/08/96--01023--005

84 City

***61.25

FL

85 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	BRUNSVELD, H.	
STREET ADDRESS	RR1 BOX 3392	
CITY-ST-ZIP	PANACEA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BINNS, J.V.	
STREET ADDRESS	RR 1 BOX 3392	
CITY-ST-ZIP	PANACEA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KUNEMAN, ETTAMAY	
STREET ADDRESS	RR 1 BOX 3392	
CITY-ST-ZIP	PANACEA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENTLEY, ROBERT	
STREET ADDRESS	RR 1 BOX 3392	
CITY-ST-ZIP	PANACEA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, WILLIAM	
STREET ADDRESS	RR 1 BOX 3392	
CITY-ST-ZIP	PANACEA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BARTLETT, V.
13 STREET ADDRESS	RR1 BOX 3392
14 CITY-ST-ZIP	PANACEA FL.
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	T
23 STREET ADDRESS	BINNS, J.V.
24 CITY-ST-ZIP	RR 1 BOX 3392
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	S
33 STREET ADDRESS	BURKE, L.
34 CITY-ST-ZIP	RR1 BOX 3392
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D
43 STREET ADDRESS	BENTLEY, ROBERT
44 CITY-ST-ZIP	RR1 BOX 3392
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	BARKER, DAVID
54 CITY-ST-ZIP	RR1 BOX 3392
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	TYLER, ROBERT
64 CITY-ST-ZIP	RR1 BOX 3392

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

VIRGIN BARTLETT, PRES.

Mar 29/96 (904) 349-2416

Daytime Phone #

CR2E037 (12/95)