

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 ROUTE 1, BOX 3392 PANACEA FL 32346	Mailing Address ROUTE 1, BOX 3392 PANACEA FL 32346-9738
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 04/06/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3096440		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required <i>N/A</i>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees <i>N/A</i>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent KUNEMAN, DONALD ROUTE 1, BOX 3392 PANACEA FL 32346		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 signature required when reinstating) DATE _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, V	1.2 NAME	BARTLETT, V.
STREET ADDRESS	RR1 BOX 3392	1.3 STREET ADDRESS	RR1 BOX 3392
CITY-ST-ZIP	PANACEA FL	1.4 CITY-ST-ZIP	PANACEA FL.
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNS, J V	2.2 NAME	BINNS J.V.
STREET ADDRESS	RR 1 BOX 3392	2.3 STREET ADDRESS	RR1 BOX 3392
CITY-ST-ZIP	PANACEA FL	2.4 CITY-ST-ZIP	PANACEA FL.
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, L	3.2 NAME	BENTLEY J
STREET ADDRESS	RR 1 BOX 3392	3.3 STREET ADDRESS	RR1 BOX 3392
CITY-ST-ZIP	PANACEA FL	3.4 CITY-ST-ZIP	PANACEA FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTLEY, ROBERT	4.2 NAME	BARKER DAVID
STREET ADDRESS	RR 1 BOX 3392	4.3 STREET ADDRESS	RR1 BOX 3392
CITY-ST-ZIP	PANACEA FL	4.4 CITY-ST-ZIP	PANACEA FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, DAVID	5.2 NAME	TYLER ROBERT
STREET ADDRESS	RR 1 BOX 3392	5.3 STREET ADDRESS	RR1 BOX 3392
CITY-ST-ZIP	PANACEA FL	5.4 CITY-ST-ZIP	PANACEA FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, ROBERT	6.2 NAME	BENTLEY ROBERT
STREET ADDRESS	RR 1 BOX 3392	6.3 STREET ADDRESS	RR1 BOX 3392
CITY-ST-ZIP	PANACEA FL	6.4 CITY-ST-ZIP	PANACEA FL

14. I do hereby certify that the information supplied with this filing 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 _____
V. BARTLETT **310 2870**

CR2E037 (9/96)