

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 <b>12/02/1991</b>	
4. FEI Number <b>59-3096440</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	

2. Principal Place of Business	2a. Mailing Address
21 <b>1320 ALLIGATOR DRIVE</b> Suite, Apt. #, etc.	26 <b>1320 ALLIGATOR DRIVE</b> Suite, Apt. #, etc.
22 <b>ALLIGATOR POINT</b> City & State	27 <b>ALLIGATOR POINT</b> City & State
23 <b>FL.</b> Zip	28 <b>FL.</b> Zip
24 <b>32346</b> Country	25 <b>USA.</b> Country
29 <b>32346</b> Zip	30 <b>USA</b> Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KUNEMAN, DONALD</b> ROUTE 1, BOX 3392 PANACEA FL 32346		81 Name <b>WALTER SENTZER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1320 ALLIGATOR DRIVE # 105</b> 83 84 City <b>ALLIGATOR POINT</b> <b>FL</b> 85 Zip Code <b>32346</b>	

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 **WALTER SENTZER** *Walter Sentzer* **MAR 17/98**  
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 type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLETT, V</b>	1.2 NAME	<b>BARTLETT, V.</b>
STREET ADDRESS	<b>RR1 BOX 3392</b>	1.3 STREET ADDRESS	<b>1320 ALLIGATOR DRIVE</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	1.4 CITY-ST-ZIP	<b>ALLIGATOR POINT FL 32346</b>
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINNS, J V</b>	2.2 NAME	<b>BINNS, J.V.</b>
STREET ADDRESS	<b>RR1 BOX 3392</b>	2.3 STREET ADDRESS	<b>1320 ALLIGATOR DRIVE</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	2.4 CITY-ST-ZIP	<b>ALLIGATOR POINT, FL. 32346</b>
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTLEY, J</b>	3.2 NAME	<b>BENTLEY J</b>
STREET ADDRESS	<b>RR1 BOX 3392</b>	3.3 STREET ADDRESS	<b>1320 ALLIGATOR DRIVE</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	3.4 CITY-ST-ZIP	<b>ALLIGATOR POINT FL. 32346</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKER, DAVID</b>	4.2 NAME	<b>BARKER, DAVID</b>
STREET ADDRESS	<b>RR1 BOX 3392</b>	4.3 STREET ADDRESS	<b>1320 ALLIGATOR DRIVE.</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	4.4 CITY-ST-ZIP	<b>ALLIGATOR POINT, FL. 32346</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TYLER, ROBERT</b>	5.2 NAME	<b>TYLER ROBERT</b>
STREET ADDRESS	<b>RR 1 BOX 3392</b>	5.3 STREET ADDRESS	<b>1320 ALLIGATOR DRIVE</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	5.4 CITY-ST-ZIP	<b>ALLIGATOR POINT, FL. 32346</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENTLEY, ROBERT</b>	6.2 NAME	<b>BENTLEY ROBERT</b>
STREET ADDRESS	<b>RR1 BOX 3392</b>	6.3 STREET ADDRESS	<b>1320 ALLIGATOR DRIVE</b>
CITY-ST-ZIP	<b>PANACEA FL</b>	6.4 CITY-ST-ZIP	<b>ALLIGATOR POINT, FL. 32346</b>

14. I 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: *J.V. Binns* **J.V. BINNS** *Mar 17/98* **349-2525**

CR2E037 (10/97)