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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004162 (3)**

1. Corporation Name

GATOR ATTACK CLUB, INC.



Principal Place of Business	Mailing Address
5415 NW 54 DRIVE GAINESVILLE FL 32653 US	P.O. BOX 142464 GAINESVILLE FL 32614 US

3. Date Incorporated or Qualified	08/17/1994
4. FEI Number	59-3164848
Applied For	☐
Not Applicable	☐

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

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. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
TOUGAW, TERRY 1225 NE 20TH PLACE GAINESVILLE FL 32609

10. Name and Address of New Registered Agent
81 Name Trepanier, Dorothy
82 Street Address (P.O. Box Number is Not Acceptable) 5415 NW 54th Drive
83
84 City Gainesville FL 85 Zip Code 32653

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 **DOROTHY TREPANIER** *Dorothy C. Trepanier* 2/3/98
 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	PD ☐ DELETE	1.1 TITLE Pres.
NAME	TREPANIER, LEE	1.2 NAME D
STREET ADDRESS	5415 NW 54 DRIVE	1.3 STREET ADDRESS Tougaw Terry L
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP 1225 NE 20th Place Gainesville, FL
TITLE	PD ☐ DELETE	2.1 TITLE Pres.
NAME	TOUGAW, TERRY L	2.2 NAME D
STREET ADDRESS	1225 N.E. 20 PLACE	2.3 STREET ADDRESS Trepanier, Dorothy
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP 5415 NW 54 Drive Gainesville, FL
TITLE	VD ☐ DELETE	3.1 TITLE Pres.
NAME	TREPANIER, LEE	3.2 NAME D
STREET ADDRESS	5415 NW 54 DRIVE	3.3 STREET ADDRESS Burgess, James
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP 715 NE 4th Terrace Gainesville, FL
TITLE	SD ☐ DELETE	4.1 TITLE Sec.
NAME	WILCOX, CHRISTIE	4.2 NAME T
STREET ADDRESS	ROUTE 2 BOX 131 T	4.3 STREET ADDRESS Hogle, Amanda
CITY-ST-ZIP	HAWTHORNE FL	4.4 CITY-ST-ZIP 13815 NW 39th Avenue Gainesville, FL
TITLE	TD ☐ DELETE	5.1 TITLE Tres.
NAME	WALSH, MARY T	5.2 NAME T
STREET ADDRESS	ROUTE 2 BOX 131-T	5.3 STREET ADDRESS Ridlon, Cheryl L.
CITY-ST-ZIP	HAWTHORNE FL 32640	5.4 CITY-ST-ZIP 7747 NW 20th Drive Gainesville, FL
TITLE	☐ DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Change	Addition
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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: *Cheryl L. Ridlon* Cheryl L. Ridlon 1-14-98 352-335-9193

CR2E037 (10/97)