

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002180

1. Entity Name
GATOR SLOUGH GROVES OWNERS' ASSOCIATION,
INC.



Principal Place of Business
12780 PALMETTO PINES DR
CAPE CORAL, FL 33909

Mailing Address
12780 PALMETTO PINES DR
CAPE CORAL, FL 33909



02252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0962811

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

RIGONI, PAULA
12780 PALMETTO PINES DR
CAPE CORAL, FL 33909

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JARVIS, RICHARD
STREET ADDRESS 12811 PALMETTO PINES DRIVE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE VD
NAME BILLMAN, BRIAN
STREET ADDRESS 12841 PALMETTO PINES DRIVE
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME RIGONI, MIKE
STREET ADDRESS 12780 PALMETTO PINES DRIVE
CITY-ST-ZIP CAPE CORAL, FL 33903

TITLE TD
NAME RIGONI, PAULA
STREET ADDRESS 12780 PALMETTO PINES DRIVE
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE SD
NAME HOPSON, KURT
STREET ADDRESS 12721 PALMETTO PINES DR
CITY-ST-ZIP CAPE CORAL, FL 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000292496
04/07/05-80075-004 61.25

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paula J. Rigoni Paula J. Rigoni

4/4/05 (239) 470-5824