


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000002180</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  RIGONI, PAULA 12780 PALMETTO PINES DR CAPE CORAL, FL 33909		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARVIS, RICHARD 12811 PALMETTO PINES DRIVE CAPE CORAL, FL 33909	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILLMAN, BRIAN 12841 PALMETTO PINES DRIVE CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGONI, MIKE 12780 PALMETTO PINES DRIVE CAPE CORAL, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIGONI, PAULA 12780 PALMETTO PINES DRIVE CAPE CORAL, FL 33909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOPSON, KURT 12721 PALMETTO PINES DR CAPE CORAL, FL 33909	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Paula J. Rigoni</u> <u>Paula J. Rigoni Secretary 4/28/08 (239) 470-5826</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0962811

Applied For
Not Applicable

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

U000000924521  
05/19/08-80004-022 61.25