2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N99000002180

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

Current Principal Place of Business:

12780 PALMETTO PINES DR
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

12780 PALMETTO PINES DR
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 65-0962811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JARVIS, RICHARD
Address: 12811 PALMETTO PINES DRIVE
City-St-Zip: CAPE CORAL, FL 33909

Title: VD ( ) Delete
Name: BILLMAN, BRIAN
Address: 12841 PALMETTO PINES DRIVE
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete
Name: RIGONI, MIKE
Address: 12780 PALMETTO PINES DRIVE
City-St-Zip: CAPE CORAL, FL 33903

Title: TD ( ) Delete
Name: RIGONI, PAULA
Address: 12780 PALMETTO PINES DRIVE
City-St-Zip: CAPE CORAL, FL 33909

Title: SD ( ) Delete
Name: HOPSON, KURT
Address: 12721 PALMETTO PINES DR
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA J. RIGONI SECR 03/16/2009

Electronic Signature of Signing Officer or Director — Date