FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764694

(6)

LAND CO-OP POOL CO-OP, INC.

FILED
Jan 22 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address					{				
		-							
9601 MICCOSUK TALLAHASSEE F		9601 MICCOSUKEE RD #53A TALLAHASSEE FL 32308-1487							
US		US			3. Date Incorporated or Qualified 08/25/1982	3a. Date	of Last R /25/199	eport 6	
2. Principal Pl	ace of Business	2e. Mailing Address 26			4. FEI Number 59-2240763	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
City & State		Crty & State			6. Election Campaign Financing		\$5.00	May Re	
23	28					Trust Fund Contribution		Added 1	
Zip	Country	Zip	Col	ıntry		8. This corporation has liability for			199.032,
24	25 29 30		30	Florida Statutes Yes					
	9. Name and Address of Current	Registered Agent		- T		10. Name and Address of New Re	gistered Ag	ent	
				81	Name				
GUEST, DAVID				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
9601-38 MICCOSUKEE ROAD				B3					
TALLAHASSEE FL 32308				63					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the a	pove	-named corp	poration submits this statement for the place tion's board of directors. I hereby acce		hanging it	s registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	f Florida. Such change was au ions of Section 617 0603. Flor	uthorize rida Sta	id by tutes	the corporal	tion's board of directors. I hereby accept	ot the appoi	ntment as	registered
	m tanina with, and decept the beligat	10110 01: 00011011 011 .0000, 1101	nug Ota	10100	•				ļ
SIGNATURE _	Signature, typed or printed name of registered agent		Registere	d Ager	nt signature requi	red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	D	☐ DELETE			ļ		L	_ Change	L Addition
NAME	HOWARD, FOX			IAME					
STREET ADDRESS	11000 MCCRACKIN RD				ADDRESS				
CITY-ST-ZIP	TALLAHASSE FL			ITY-ST	-ZIP		····	Change	Addition
TITLE	D COANLON BOD			2.1 TITLE				T cliands	L.) Abbillion
NAME OXOCCY ADDRESS	SCANLON, BOB 3989 SUN HAWK BLVD			2.2 NAME 2.3 STREET ADORESS					
STREET ADDRESS	TALLAHASSEE FL				Y				
CITY-ST-ZIP TITLE	D			CITY-S ITLE	1- <u>2</u> r			Change	Addition
NAME	CARDEA, NORINE			32 NAME			•••		
STREET ADDRESS	9601-16 MICCOSUKEE ROAD		3 3 STREE		ADDRESS				
CITY - ST - ZIP	TALLAHASSEE FL		3.4. CITY-						
TITLE	DT	☐ DELETE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition
NAME	HINKLEY, MARY		4.21	NAME					
STREET ADDRESS	9601 MICCOSUKEE RD #42		4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY -		r - ZIP				
TITLE	P	DELETE	5.1 TITLE					Change	Addition
NAME	GUEST, DAVID		5.2 N	IAME					
STREET ADDRESS	9601-38 MICCOSUKEE ROAD		5.3 S	TREET	address				
CITY-ST-ZIP	TALLAHASSEE FL		_	ITY-SI	- ZIP			·	
TITLE "	D	☐ DELETE	6.1 TATLE					Change	Addition
NAME	BRIGHTBILL			IAME					
STREET ADDRESS	9601-9 MICCOSUKEE ROAD				ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL		6.4 0	ITY - ST	T-ZIP				

14. I do 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

MALY HIMLIEU MARY H. HI.

1/4/97

904-877-128.7