FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:50

DOCUMENT # N20123 (8)

1. Corporation Name
BLUE SKY'S CO-OP, INC.

Principal Place of Business	Mailing Address
6405 RADIO RD NAPLES FL 33942 US	6405 RADIO RD NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2803217 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

KRAUS, CHERYL R
1100 FIFTH AVE SO
STE 201
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BOYNTON, SUSAN	1.2 NAME	MILLER, RICHARD	
STREET ADDRESS	99 JAN DR	1.3 STREET ADDRESS	112 Jan Dr.	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MIDDLETON, JAMES W.	2.2 NAME		
STREET ADDRESS	109 JAN DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROMEO, MARY JANE	3.2 NAME	CAMPBELL, ILDAGE	
STREET ADDRESS	193 SAN LU RUE AVE	3.3 STREET ADDRESS	85 Jan Dr.	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DONKERSGOED, MARY LOUISE	4.2 NAME		
STREET ADDRESS	33 BLUE SKY'S DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HARTSUITKER, JAMES	5.2 NAME	ENDERLE, PAUL	
STREET ADDRESS	15 SAN LU RUE AVE	5.3 STREET ADDRESS	18 San LuRue	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 33942	
TITLE	DS	6.1 TITLE	DS	☒ Change ☐ Addition
NAME	THOMPSON, GLENNA L	6.2 NAME	HALSMER, JOSEPHINE	
STREET ADDRESS	165 SAND DR	6.3 STREET ADDRESS	174 Sand Drive	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Naples, FL 33942	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ildage Campbell 3-22-95 813-643-1077
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
Ildage Campbell, President

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