FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997

FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

1. Corporation Name					
BLUE SKY'S CO-OP, INC.					
				A HOUGHLE I DER HADEN UND HELDE BLOCK	
Principal Plac	e of Business	Mailing Address		(3001419) BIS 11011 QUIDI 11010 FEED	# 1911 O.D.I. BIBLI ALBEN BIBLI BIBLI BIBLE NAVI
6405 RADIO RD 6405 RADIO RD					
NAPLES FL 33942 NAPLES FL 34104-4139					
US		US		3. Date Incorporated or Qualified	Se Date of Leet Banart
				04/14/1987	3a. Date of Last Report 03/21/1996
9. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	IROG O DIGINOSS	26 Walling Address		59-2803217	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			CO 7E A 1/1/15
22	n, yes.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	7.2402.01.000
24	25	29	30		Yes No
=	9. Name and Address of Curren			10. Name and Address of New Re	egistered Agent
			81 Name		
KRAUS, CHERYL R B2 Street Address (P.O. Box Number is Not Acceptable)					
1100 FIFTH AVE SO					ole)
STE 20			83		1-1-1
	FL 33940		<u> </u>		
THE LEV	712 00010		84 City		F Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
Office or r	registered agent, or both, in the State	of Florida, Such change was	authorized by the corp	poration's board of directors. I hereby acce	pt the appointment as registered
	m tamiliar with, and accept the obliga	itions of, Section 6 (7.0503, 7	-lofida Statutes.		
SIGNATURE .	Signature, typed or printed name of registered age	ni and title if applicable (NC	OTE: Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	 	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	☐ DELETE	1,1 T(TLE	DIT	☐ Change ☐ Addition
NAME	MILLER, RICHARD		1.2 NAME		
STREET ADDRESS	112 JAN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	.0-	☐ DELETE	2.1 TITLE	D	Change Addition
NAME	-MIDDLETON, JAMES-W.		2.2 NAME	KILLEBREW, BOBBY	
STREET ADDRESS	109 JAN DRIVE		2.3 STREET ADDRESS	152 SOUD DR.	
CITY-ST-ZIP	NAPLES FL		2. 4 CITY - ST - ZIP	153 SAND DR. NAPEES FL 3410	> ¥
TITLE	- P0 -	☐ DELETE	3.1 TITLE	7	Change Addition
NAME	-CAMPBELL, ILDAGE	-	3.2 NAME	MORRISON CAROL	<u> </u>
STREET ADDRESS	-85-JAN-DR		3 3 STREET ADDRESS	43 BLUE SKY'S DR	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	NAPLES, FL 341	οΨ
TITLE	-B-	DELETE	4.1 TITLE	PID	Change Addition
NAME	DONKERSGOED, MARY LOUI		4. 2 NAME	1112	
STREET ADDRESS	33 BLUE SKY'S DRIVE	OL .	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL				
TITLE	4	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	~	Change Addition
NAME	-ENDERLE, PAUL	E. OLCERE	5.2 NAME	D CUCH TOHAL	C) onguide C vocation
	-18-9AN LURUE		· ·	SUCH, JOHN 180 SAND OR	
STREET ADDRESS			5.3 STREET ADDRESS	NAPLES, FL 34104	
CITY-ST-ZIP	-NAPLES FC	DELETE	5.4 CITY-ST-ZIP	NAPLES, PC STICT	Change
TITLE	DS LAN ONED TOGERABLE	☐ Ottelt	6.1 TITLE		☐ Change ☐ Addition
NAME	HALSMER, JOSEPHINE		6.2 NAME		
STREET ADDRESS	174 SAND DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 City - ST - ZiP	2 440 57/01/0 51 44	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
14. I do nere: Informatio	by certify that the information supplied on Indicated on this annual report or s	I with this filing does not qua upplemental annual report is	alify for the exemption s true and accurate and	tated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega	es. I further certify that the at effect as if made under oath; that
l 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					
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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changel, or on an attachment with an address.					