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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 34104-4139
US

3. Date Incorporated or Qualified
04/14/1987

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MILLER, RICHARD
STREET ADDRESS 112 JAN DR
CITY-ST-ZIP NAPLES FL

1.1 TITLE D/T
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME MIDDLETON, JAMES W.
STREET ADDRESS 409 JAN DRIVE
CITY-ST-ZIP NAPLES FL

2.1 TITLE D
2.2 NAME KILLEBREW, BOBBY
2.3 STREET ADDRESS 153 SAND DR.
2.4 CITY-ST-ZIP NAPLES FL 34104

TITLE PD
NAME CAMPBELL, ILDAE
STREET ADDRESS 86 JAN DR
CITY-ST-ZIP NAPLES FL

3.1 TITLE D
3.2 NAME MORRISON, CAROL
3.3 STREET ADDRESS 43 BLUE SKY'S DR
3.4 CITY-ST-ZIP NAPLES, FL 34104

TITLE D
NAME DONKERSGOED, MARY LOUISE
STREET ADDRESS 33 BLUE SKY'S DRIVE
CITY-ST-ZIP NAPLES FL

4.1 TITLE PD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME ENDERLE, PAUL
STREET ADDRESS 18 SAN LURUE
CITY-ST-ZIP NAPLES FL

5.1 TITLE D
5.2 NAME SUCH, JOHN
5.3 STREET ADDRESS 160 SAND DR
5.4 CITY-ST-ZIP NAPLES, FL 34104

TITLE DS
NAME HALSMER, JOSEPHINE
STREET ADDRESS 174 SAND DRIVE
CITY-ST-ZIP NAPLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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:

CR2E037 (9/96)