

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90019 008 ****61.25

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DOCUMENT # N20123

1. Corporation Name

BLUE SKY'S CO-OP, INC.

Principal Place of Business

6405 RADIO RD
NAPLES FL 33942
US

Mailing Address

6405 RADIO RD
NAPLES FL 33942
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/14/1987

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

9. Name and Address of Current Registered Agent

CRAIG, ROGER E
1250 9TH ST STE 201
STE 201
NAPLES FL 34102

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 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

TITLE ☐ DELETE

NAME **DT MILLER, RICHARD**

STREET ADDRESS **112 JAN DR**

CITY-ST-ZIP **NAPLES-FL**

TITLE ☐ DELETE

NAME **D MORRISON, CAROL**

STREET ADDRESS **43 BLUE SKY'S DR.**

CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **PD ELSENBAUMER, ROWLAND**

STREET ADDRESS **90 JAN**

CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ DELETE

NAME **D SUGH, JOHN**

STREET ADDRESS **180 SAND DR.**

CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **DS KELDER, PAMELA**

STREET ADDRESS **44 BLUE SKY'S DR**

CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ DELETE

NAME **NAME OF OFFICER**

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DT DAVIS, GARY**

1.3 STREET ADDRESS **179 SAND DR**

1.4 CITY-ST-ZIP **NAPLES, FL 34104**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **V WILLIAMSON, MARILYN**

2.3 STREET ADDRESS **63 PALOS**

2.4 CITY-ST-ZIP **NAPLES, FL 34104**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D HUGHES, ROBERT**

4.3 STREET ADDRESS **100 JAN DR**

4.4 CITY-ST-ZIP **NAPLES, FL 34104**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)