

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# N20123

Entity Name: BLUE SKY'S CO-OP, INC.

Current Principal Place of Business:

6405 RADIO RD
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

6405 RADIO RD
NAPLES, FL 33942 US

New Mailing Address:

FEI Number: 59-2803217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, SUZANNE E CPA
5282 CYPRESS LANE
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HOBSON, DOROTHY
Address: 70 PALOS DR
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: TOLLES, HAROLD J
Address: 96 JAN DRIVE
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: FORTNEY, ROBERT
Address: 8 BLUE SKYS
City-St-Zip: NAPLES, FL 34104

Title: DS () Delete
Name: BOUND, JAMES
Address: 187 SAND DR
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: GIRDLEY, JAMES
Address: 164 SAND DR
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GIRDLEY, JAMES
Address: 164 SAND DR.
City-St-Zip: NAPLES, FL 34104

Title: T (X) Change () Addition
Name: JOINS, RICHARD
Address: 181 SAND DR.
City-St-Zip: NAPLES, FL 34104

Title: V (X) Change () Addition
Name: BOUND, JAMES
Address: 187 SAND DR.
City-St-Zip: NAPLES, FL 34104

Title: DS (X) Change () Addition
Name: WOLFINGER, ERNESTINE
Address: 73 PALOS
City-St-Zip: NAPLES, FL 34104

Title: P (X) Change () Addition
Name: ALEXANDER, JAMES
Address: 92 JAN DR.
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTINE WOLFINGER

DS

01/14/2009

Electronic Signature of Signing Officer or Director

Date