

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 FEB -9 AM 11:23

DOCUMENT # N13866 (1)

1. Corporation Name
LEISURE LAKE CO-OP, INC.

Principal Place of Business Mailing Address
3000 US HIGHWAY 41 N 3000 US HIGHWAY 41 N
PALMETTO FL 34221 PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/17/1986** 3a. Date of Last Report **02/23/1994**
4. FEI Number **59-2766457** Applied For Not Applicable

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

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

9. Name and Address of Current Registered Agent
**DOMBER, HARLAN R.
2801 FRUITVILLE ROAD
SUITE 150
SARASOTA FL 34237**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, DOUGLAS C. 508 CENTRE STREET PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, EUGENE A 329 PEACE MANOR PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, ANNA M. 506 CENTRE STREET PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLOMONIAN, H. ARTHUR 489 CHURCH ROAD PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEESE, HELEN 1 SHADY LANE PALMETTO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTZ, CLOYCE 408 TROPIC DRIVE PALMETTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Eugene A. Johnson 329 Peace Manor Palmetto Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Douglas McDonald 508 Centre St Palmetto Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Paul Knepper 395 Quiet Way Palmetto Fl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Warren Vernier 448 Kaiser Dr Palmetto FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TD Lee Weissfuss 399 Tropic Dr Palmetto FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Same <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene A. Johnson Vice Pres./Director 1/30/95 722-7935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)
EUGENE A. JOHNSON