

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13866** (1)
1. Corporation Name
LEISURE LAKE CO-OP, INC.



Principal Place of Business: **3003 US HIGHWAY 41 N PALMETTO FL 34221**
Mailing Address: **3003 US HIGHWAY 41 N PALMETTO FL 34221**

3. Date Incorporated or Qualified: **03/17/1986**
3a. Date of Last Report: **02/09/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2766457	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOMBER, HARLAN R.
2801 FRUITVILLE ROAD
SUITE 150
SARASOTA FL 34237**

81 Name: **Freedom Properties, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable): **410 Old Main Street**
83
84 City: **Bradenton** FL 85 Zip Code: **34205**

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: *Cynthia S. Blenker* Office Manager DATE: **4-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: JOHNSON, EUGENE A	1.1 TITLE: PD	1.1 NAME: Carpentier, Philip
STREET ADDRESS: 329 PEACE MANOR	CITY-ST-ZIP: PALMETTO FL	1.2 STREET ADDRESS: 449 Kaiser Dr.	1.2 CITY-ST-ZIP: Palmetto, FL 34221
TITLE: VPD	NAME: MCDONALD, BOUGLAS C	2.1 TITLE: VPD	2.1 NAME: Joseph Di Maggio
STREET ADDRESS: 508 CENTRE ST	CITY-ST-ZIP: PALMETTO FL	2.2 STREET ADDRESS: 517 Centre Street	2.2 CITY-ST-ZIP: Palmetto, FL 34221
TITLE: SD	NAME: KNEPPER, PAUL	3.1 TITLE: SD	3.1 NAME: Nancy Hurst
STREET ADDRESS: 395 QUIET WAY	CITY-ST-ZIP: PALMETTO FL	3.2 STREET ADDRESS: 93 Lakeriew Dr.	3.2 CITY-ST-ZIP: Palmetto, FL 34221
TITLE: TD	NAME: SOLOMONIAN, H. ARTHUR	4.1 TITLE:	4.1 NAME:
STREET ADDRESS: 489 CHURCH ROAD	CITY-ST-ZIP: PALMETTO FL	4.2 STREET ADDRESS:	4.2 CITY-ST-ZIP:
TITLE: TD	NAME: WEISSFUSS, LEE	5.1 TITLE:	5.1 NAME:
STREET ADDRESS: 399 TROPIC DR	CITY-ST-ZIP: PALMETTO FL	5.2 STREET ADDRESS:	5.2 CITY-ST-ZIP:
TITLE: D	NAME: WALTZ, CLOYCE	6.1 TITLE:	6.1 NAME:
STREET ADDRESS: 408 TROPIC DRIVE	CITY-ST-ZIP: PALMETTO FL	6.2 STREET ADDRESS:	6.2 CITY-ST-ZIP:

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy P. Hurst* DATE: **4-16-96** (941) 723-2468

CR2E037 (12/95)