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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34221-5430
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/17/1986	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2766457	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FREEDOM PROPERTIES, INC
410 OLD MAIN STREET
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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]* DATE: **3-14-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARPENTIER, PHILIP	
STREET ADDRESS	449 KAISER DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JESEPH DI MAGGIO	
STREET ADDRESS	517 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NANCY HURST	
STREET ADDRESS	93 LAKEVIEW DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEISSFUSS, LEE	
STREET ADDRESS	399 TROPIC DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HELEN O'NEIL	
2.3 STREET ADDRESS	513 CENTRE STREET	
2.4 CITY-ST-ZIP	PALMETTO FL 34221	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANNA M. THOMAS	
3.3 STREET ADDRESS	506 CENTRE STREET	
3.4 CITY-ST-ZIP	PALMETTO FL 34221	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANNA M. THOMAS	
4.3 STREET ADDRESS	506 CENTRE STREET	
4.4 CITY-ST-ZIP	PALMETTO FL 34221	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **ANNA M. THOMAS** DATE: **3-17-97** DAYTIME PHONE: **941-723-2468**

CFR2E037 (9/96)