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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortheim
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
4. FEI Number: 59-2766457
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

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: ALLEN ENTLER
82 Street Address (P.O. Box Number is Not Acceptable):
83 3003 u.s. hwy 41 n.
84 City: PALMETTO FL 85 ZIP: 34221

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 2/17/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTIER, PHILIP	
STREET ADDRESS	449 KAISER DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DIR	<input type="checkbox"/> DELETE
NAME	O'NEIL, HELEN	
STREET ADDRESS	513 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SRD	<input checked="" type="checkbox"/> DELETE
NAME	TOMAS, ANNA M.	
STREET ADDRESS	506 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	PRES.	<input type="checkbox"/> DELETE
NAME	ROBERT KILLOCK	
STREET ADDRESS	522 Centre St Palmetto, FL 34221	
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Nancy Hurst	
STREET ADDRESS	93 Lakeview Dr,	
CITY-ST-ZIP	Palmetto, FL 34221	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barbara Hessel	
1.3 STREET ADDRESS	134 Lakeview Dr. Palmetto, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry Smith	
2.3 STREET ADDRESS	487 Church Rd. Palmetto, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* DATE: 2/17/98 941-223-2415

CP2E037 (10/97)