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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N13866

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/17/1986

4. FEI Number 59-2766457

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ENTLER, ALLEN 3003 US HWY 41 N PALMETTO FL 34221

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 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

ALLEN L. ENTLER

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS [] DELETE
NAME HESSEL, BARBARA
STREET ADDRESS 134 LAKEVIEW DR
CITY-ST-ZIP PALMETTO FL

TITLE D [] DELETE
NAME O'NEIL, HELEN
STREET ADDRESS 513 CENTRE STREET
CITY-ST-ZIP PALMETTO FL

TITLE D [] DELETE
NAME SMITH, LARRY
STREET ADDRESS 487 CHURCH RD
CITY-ST-ZIP PALMETTO FL

TITLE P [] DELETE
NAME KILLOCK, ROBERT
STREET ADDRESS 522 CENTRE ST
CITY-ST-ZIP PALMETTO FL 34221

TITLE VPD [] DELETE
NAME HURST, NANCY
STREET ADDRESS 93 LAKEVIEW DR
CITY-ST-ZIP PALMETTO FL 34221

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D [] Change [x] Addition
1.2 NAME Bevilacqua, Shirley
1.3 STREET ADDRESS 55 Leisure Way
1.4 CITY-ST-ZIP Palmetto, Fla. 34221

2.1 TITLE DT [] Change [x] Addition
2.2 NAME Hosier, Carolyn
2.3 STREET ADDRESS 360 Quiet Way
2.4 CITY-ST-ZIP Palmetto, Fla. 34221

3.1 TITLE D [] Change [x] Addition
3.2 NAME Solomonian, Arthur
3.3 STREET ADDRESS 489 Church Rd
3.4 CITY-ST-ZIP Palmetto, Fla. 34221

4.1 TITLE D [] Change [x] Addition
4.2 NAME Hawkins, Winston
4.3 STREET ADDRESS 405 Tropic Drive
4.4 CITY-ST-ZIP Palmetto, Fla. 34221

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] 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)(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, with all other like empowered.

SIGNATURE:

[Signature] KILLOCK

03/18/99

723-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)