

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13866

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: LEISURE LAKE CO-OP, INC.

**Current Principal Place of Business:**

2900 8TH. AVE. WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

2900 8TH. AVE. WEST  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 59-2766457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARTER, JOHN MANAGER  
2900 8TH. AVE. WEST  
PALMETTO, FL 34221      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KILLOCK, ROBERT  
Address: 522 CENTRE ST.  
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete  
Name: HOSIER, CAROLYN  
Address: 360 QUIET WAY  
City-St-Zip: PALMETTO, FL 34221

Title: TD ( ) Delete  
Name: TURLEY, CHRISTINA  
Address: 438 KAISER DER.  
City-St-Zip: PALMETTO, FL 34221

Title: SD ( ) Delete  
Name: PFISTER, BONNIE  
Address: 321 PEACE MANOR  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: DEVRIES, ROGER  
Address: 370 QUIET WAY  
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete  
Name: EARLE, GLEN  
Address: 519 CENTRE ST.  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: EARLE, GLENN  
Address: 519 CENTRE ST.  
City-St-Zip: PALMETTO, FL 34221

Title: TD (X) Change ( ) Addition  
Name: PIEHL, KATHLEEN  
Address: 19 SHADY LANE  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WALLACE, DONALD  
Address: 511 CENTRE ST.  
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KILLOCK

PD

01/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date