

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90120 034 ****61.25

0056108

DOCUMENT # N13866

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2766457**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENTLER, ALLEN
3003 US HWY 41 N
PALMETTO FL 34221**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Handwritten Signature]

5/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Delete
NAME	TURLEY, CHRISTINA	
STREET ADDRESS	438 KAISER DR.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'NEIL, HELEN	
STREET ADDRESS	513 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KILLOCK, ROBERT	
STREET ADDRESS	522 CENTRE ST.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAWKINS, WINSTON	
STREET ADDRESS	405 TROPIC DRIVE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDOLPH, DUANE	
STREET ADDRESS	137 LAKEVIEW DR.	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOSIER, CAROLYN	
STREET ADDRESS	360 QUIET WAY	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFF HESS	
STREET ADDRESS	325 DORA BILL LANE	
CITY-ST-ZIP	DRY RIDGE, KY 41045	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON WALLACE	
STREET ADDRESS	18 RIVERVIEW DRIVE RR#1	
CITY-ST-ZIP	PORT PERRY; ONT 9L1N8	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Roger Jenkins</i>	
STREET ADDRESS	<i>370 Quiet Way</i>	
CITY-ST-ZIP	<i>Palmetto, FL 34221</i>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Nancy Hurst</i>	
STREET ADDRESS	<i>93 Lakeside Dr.</i>	
CITY-ST-ZIP	<i>Palmetto, FL 34221</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

5/1/03

941-723-2468

CR2E037 (10/02)