

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13866

**Entity Name:** LEISURE LAKE CO-OP, INC.**Current Principal Place of Business:**2900 8TH. AVE. WEST  
PALMETTO, FL 34221**Current Mailing Address:**2900 8TH. AVE. WEST  
PALMETTO, FL 34221**FEI Number:** 59-2766457**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GATES, TODD MANAGER  
2900 8TH. AVE. WEST  
PALMETTO, FL 34221 US*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:** TODD GATES

03/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MCCORMACK, JEAN  
Address        62 LEISURE WAY  
City-State-Zip: PALMETTO FL 34221

Title            DIRECTOR  
Name           WILDER, ROBERT  
Address        393 QUIET WAY  
City-State-Zip: PALMETTO FL 34221

Title            VP  
Name           MACINNIS, PATRICIA  
Address        21 SHADY LANE  
City-State-Zip: PALMETTO FL 34221

Title            SECRETARY  
Name           CZAPSKI, JODY  
Address        385 QUIET WAY  
City-State-Zip: PALMETTO FL 34221

Title            DIRECTOR  
Name           BENNETT, GENE  
Address        31 SHADY LANE  
City-State-Zip: PALMETTO FL 34221

Title            DIRECTOR  
Name           HEMBLING, MICHAEL  
Address        338 PEACE MANOR  
City-State-Zip: PALMETTO FL 34221

Title            DIRECTOR  
Name           WILDER, NORMA  
Address        9 SHADY LANE  
City-State-Zip: PALMETTO FL 34221

Title            TREASURER  
Name           ZUKOWSKI, STACIA  
Address        453 KAISER DRIVE  
City-State-Zip: PALMETTO FL 34221

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JEAN MCCORMACK

PRESIDENT

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCLEOD, ROY
Address	333 PEACE MANOR
City-State-Zip:	PALMETTO FL 34221