2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 764694

Entity Name: LAND CO-OP POOL CO-OP, INC.

Current Principal Place of Business:

9601 MICCOSUKEE RD
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

9601-53A MICCOSUKEE RD
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 59-2240763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUEST, DAVID
9601-51 MICCOSUKEE ROAD
TALLAHASSEE, FL 32309 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:	HOWARD, FOX,	
Address:	11000 MCCRACKIN RD	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	SD	( ) Delete
Name:	PEACE, VICKIE	
Address:	9540 OAK HOLLOW TR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	THOMPSON, JUDITH	
Address:	9601 MICCOSUKEE RD #75	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	DT	( ) Delete
Name:	HINKLEY, MARY	
Address:	9601 MICCOSUKEE RD #42	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	PD	( ) Delete
Name:	KELLEY, TOM	
Address:	9601 MICCOSUKEE RD #47	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	D	( ) Delete
Name:	BLOYD, CHIP	
Address:	9601 MICCOSUKEE RD., #6	
City-St-Zip:	TALLAHASSEE, FL 32309	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY HINKLEY DT 02/24/2009

Electronic Signature of Signing Officer or Director — Date