

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 28 AM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **766835** (3)
1. Corporation Name
TERRA SIESTA CO-OP, INC.

Principal Place of Business Mailing Address
**3502 PATRICIA PLACE
ELLENTON FL 34222
US** **2801 FRUITVILLE ROAD
STE 150
SARASOTA FL 34237
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/04/1983	3a. Date of Last Report 04/01/1994
4. FEI Number 59-2372198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Sube, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**HARLAN R. DOMBER
2801 FRUITVILLE ROAD
STE 150
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	DENTON, ROBERT E.
STREET ADDRESS	3308 BARBARA DRIVE
CITY-ST-ZIP	ELLENTON FL
TITLE	SD
NAME	COLEMAN, MARY M.
STREET ADDRESS	3331 EILEEN DRIVE
CITY-ST-ZIP	ELLENTON FL
TITLE	TD
NAME	PFEIFER, WINIFRED
STREET ADDRESS	3305 CAROL DR
CITY-ST-ZIP	ELLENTON FL
TITLE	D
NAME	LEFFLER, WILLIAM
STREET ADDRESS	3326 DENISE DR
CITY-ST-ZIP	ELLENTON FL
TITLE	PD
NAME	SCHOONEJONGEN, CORNELIUS
STREET ADDRESS	3511 GLORIA DR
CITY-ST-ZIP	ELLENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Juel, Perry
1.3 STREET ADDRESS	3511 Patricia Place
1.4 CITY-ST-ZIP	Ellenton, FL. 34222
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lesperance, Mary Louise
2.3 STREET ADDRESS	3508 Judith Drive
2.4 CITY-ST-ZIP	Ellenton, FL. 34222
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VanderLaan, John S.
4.3 STREET ADDRESS	3316 Carol Drive
4.4 CITY-ST-ZIP	Ellenton, FL. 34222
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Cornelius E. Schoonejongen* **Cornelius E. Schoonejongen** **813-723-1260**
DATE: *1/2/95* **1/2/95**