

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 766835 (3)**

1. Corporation Name  
**TERRA SIESTA CO-OP, INC.**



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

3. Date Incorporated or Qualified: **02/04/1983**  
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

4. FEI Number: **59-2372198**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	JUEL, PERRY	
STREET ADDRESS	3511 PATRICIA PLACE	
CITY-ST-ZIP	ELLENTON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LESPERANCE, MARY LOUISE	
STREET ADDRESS	3508 JUDITH DR.	
CITY-ST-ZIP	ELLENTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PFEIFER, WINIFRED	
STREET ADDRESS	3305 CAROL DR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VANDERLAAN, JOHN	
STREET ADDRESS	3316 CAROL DRIVE	
CITY-ST-ZIP	ELLENTON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHOONEJONGEN, CORNELIUS	
STREET ADDRESS	3511 GLORIA DR	
CITY-ST-ZIP	ELLENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD Babnik, Portia J.
2.3 STREET ADDRESS	3312 Barbara Dr.
2.4 CITY-ST-ZIP	Ellenton, Fl.
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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)(k), 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 2/23/96 Date: 941-723-1260 Daytime Phone #

CR2E037 (12/95)