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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34237-5301, US

3. Date Incorporated or Qualified: 02/04/1983
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country: 26
2a. Mailing Address: 26a 3900 Clark Rd. Ste L-1
27 Suite, Apt. #, etc.: 27 Sarasota, Fl.
28 City & State: 28 34233
29 Zip: 29 Country: 30 US
4. FEI Number: 59-2372198
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] 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 Name: Harlan R. Domber
82 Street Address (P.O. Box Number is Not Acceptable): 3900 Clark Rd.
83 City: Ste. L-1
84 City: Sarasota FL 85 Zip Code: 34233

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD	JUEL, PERRY	1.1 TITLE: VD	Pardonnet, Wayne L.
NAME:	3511 PATRICIA PLACE	1.2 NAME:	8109 Marie Lane
STREET ADDRESS:	ELLENTON FL	1.3 STREET ADDRESS:	Ellenton, FL.
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: SD	BABNIK, PORTIA J.	2.1 TITLE:	
NAME:	3312 BARBARA DR	2.2 NAME:	
STREET ADDRESS:	ELLENTON FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: TD	PFEIFER, WINIFRED	3.1 TITLE: TD	Jeanne Thompson
NAME:	3305 CAROL DR	3.2 NAME:	3401 Eva Dr.
STREET ADDRESS:	ELLENTON FL	3.3 STREET ADDRESS:	Ellenton, FL.
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: D	VANDERLAAN, JOHN	4.1 TITLE:	
NAME:	3316 CAROL DRIVE	4.2 NAME:	
STREET ADDRESS:	ELLENTON FL	4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: PD	SCHOONEJONGEN, CORNELIUS	5.1 TITLE:	
NAME:	3511 GLORIA DR	5.2 NAME:	
STREET ADDRESS:	ELLENTON FL	5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
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14. I do 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 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 Schoonejongen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
941-723-1260
Cornelius Schoonejongen 3-3-97
Date Daytime Phone # 0063360

CR2E037 (9/96)