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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 Zip

Country

24

25

2a. Mailing Address

26 3900 Clark Rd. Ste L-1

Suite, Apt. #, etc.

27 Sarasota, Fl.

City & State

28 34233

Zip

Country

29

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 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 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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JUEL, PERRY	
STREET ADDRESS	3511 PATRICIA PLACE	
CITY-ST-ZIP	ELLENTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BABNIK, PORTIA J.	
STREET ADDRESS	3312 BARBARA DR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	TD	<input checked="" 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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pardonnet, Wayne L.	
1.3 STREET ADDRESS	8109 Marie Lane	
1.4 CITY-ST-ZIP	Ellenton, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jeanne Thompson	
3.3 STREET ADDRESS	3401 Eva Dr.	
3.4 CITY-ST-ZIP	Ellenton, FL.	
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 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.

941-723-1260

SIGNATURE:

Cornelius Schoonejongen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cornelius Schoonejongen 3-3-97

Date Daytime Phone # 0063360

CR2E037 (9/96)