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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766835 (3)

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



Principal Place of Business 3502 PATRICIA PLACE ELLENTON FL 34222 US	Mailing Address 3900 CLARK ROAD SUITE L-1 SARASOTA FL 34233 US
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3. Date Incorporated or Qualified 02/04/1983	
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 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

**DOMBER, HARLAN R
 3900 CLARK ROAD
 SUITE L-1
 SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. SUITE L-1	
84. City	FL

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]* **HARLAN R. DOMBER** DATE: **2/8/98**

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

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARDONNET, WAYNE L	
STREET ADDRESS	8109 MARIE LANE	
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 type="checkbox"/> DELETE
NAME	THOMPSON, JEANNE	
STREET ADDRESS	3401 EVA DR	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	Kwantes, Peter R.	
4.3 STREET ADDRESS	3320 Eileen Dr.	
4.4 CITY-ST-ZIP	Ellenton FL	
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 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: *[Signature]* DATE: **2/14/98** **9111-733-1310**

CF2E037 (10/97)