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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766835

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/04/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2372198
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

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	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE
NAME	KWANTES, PETER R	
STREET ADDRESS	3320 EILEEN DR	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	Schoonejongen, Cornelius
5.4 CITY-ST-ZIP	8301 Nancy Lane Ellenton, FL.
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, with all other like empowered.

SIGNATURE: *Cornelius Schoonejongen* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date **2/23/99** Daytime Phone #

CR2E037 (1/98)