

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90027 011 ****61.25

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1. Entity 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

40046066



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2372198

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CHRISTENSEN, EARL
3109 DOROTHY PL
ELLENTON, FL 34222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROWOLDT, CARL
3503 PATRICIA PL
ELLENTON, FL 34222 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
PAWLICKI, BARBARA
7712 AUDRY LANE
ELLENTON, FL 34222 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DENTON, ROBERT
3315 CAROL DR
ELLENTON, FL 34222 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHOONEJONGEN, CORNELIUS
8301 NANCY LANE
ELLENTON, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD Christensen, Earl
3109 Dorothy Pl.
Ellenton, FL 34222 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD Moyer, Ruth
3513 Lucille Dr.
Ellenton, FL 34222 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD Springer, Gary
3415 Eva Pl.
Ellenton, FL 34222 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD Denton, Robert
3315 Carol Dr.
Ellenton, FL 34222 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Kwantes, Pete
3320 Eileen Dr.
Ellenton, FL 34222 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Earl Christensen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3-28-06

x(941) 731-4897

Date

Daytime Phone #