2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# F07704

Entity Name: SARASOTA LAKES CO-OP, INC.

Current Principal Place of Business:

1674 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

1674 UNIVERSITY PARKWAY
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 59-2078047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERRY, ROBERT
1674 UNIVERSITY PKWY.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHILLEMAN, JACK
Address: 1674 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34243

Title: T ( ) Delete
Name: VESPER, ROBERT
Address: 1674 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete
Name: ANDERSON, JAMES G
Address: 1674 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34243

Title: V ( ) Delete
Name: BUCK, RAY
Address: 1674 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34243

Title: S ( ) Delete
Name: TERRY, ROBERT
Address: 1674 UNIVERSITY PARKWAY
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: THOMAS, CLYDE
Address: 1674 UNIVERSITY PKWY
City-St-Zip: SARASOTA, FL 34243

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT VESPER TRES 08/20/2009

Electronic Signature of Signing Officer or Director — Date