2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2011
Secretary of State

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Entity Name: EMERALD LAKES CO-OP, INC.

Current Principal Place of Business:

1401 WEST HIGHWAY 50
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1569
SANFORD, FL 32772

New Mailing Address:

FEI Number: 52-2276697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL ABOUT MANAGEMENT, INC.
206 S ELM AVE
SANFORD, FL 32771 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

OFFICERS AND DIRECTORS:

Title: PREA
Name: JENKINS, GARY
Address: P. O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: VP
Name: SLEWINSKI, JOHN
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: TREA
Name: COOK, LUCILLE
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: BOD
Name: HELMS, BONNIE
Address: P. O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: BOD
Name: MACGREGOR, WALTER
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

Title: SEC
Name: JONES, SANDRA
Address: P.O. BOX 1569
City-St-Zip: SANFORD, FL 32772

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELIA L. GORDON RA 01/26/2011

Electronic Signature of Signing Officer or Director Date