

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13866

(1)

1. Corporation Name

LEISURE LAKE CO-OP, INC.

Principal Place of Business

3003 US HIGHWAY 41 N
PALMETTO FL 34221

Mailing Address

3003 US HIGHWAY 41 N
PALMETTO FL 34221



3. Date Incorporated or Qualified
03/17/1986

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2766457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMBER, HARLAN R.
2801 FRUITVILLE ROAD
SUITE 150
SARASOTA FL 34237

81 Name

Freedom Properties, Inc.

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

410 Old Main Street

83

84 City

Bradenton

FL

85 Zip Code

34205

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

Cynthia S. Blenker

Office Manager

4-11-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, EUGENE A	
STREET ADDRESS	329 PEACE MANOR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, BOUGLAS C	
STREET ADDRESS	508 CENTRE ST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KNEPPER, PAUL	
STREET ADDRESS	395 QUIET WAY	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMONIAN, H. ARTHUR	
STREET ADDRESS	489 CHURCH ROAD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEISSFUSS, LEE	
STREET ADDRESS	399 TROPIC DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALTZ, CLOYCE	
STREET ADDRESS	408 TROPIC DRIVE	
CITY-ST-ZIP	PALMETTO FL	

1.1 TITLE	Carpentier, Philip	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	449 Kaiser Dr.	
1.3 STREET ADDRESS	Palmetto, FL	
1.4 CITY-ST-ZIP	34221	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph Di Maggio	
2.3 STREET ADDRESS	517 Centre Street	
2.4 CITY-ST-ZIP	Palmetto, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nancy Hurst	
3.3 STREET ADDRESS	93 Lakeriew Dr.	
3.4 CITY-ST-ZIP	Palmetto, FL	
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 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Nancy P. Hurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

DATE

(941) 723-2468
Daytime Phone #

CR2E037 (12/95)