

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northen Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2766457

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FREEDOM PROPERTIES, INC
410 OLD MAIN STREET
BRADENTON FL 34205**

81 Name

ALLEN ENTLER

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

83 **3003 u.s. hwy 41 n.**

84 City

PALMETTO

FL

34221

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTIER, PHILIP	
STREET ADDRESS	449 KAISER DR	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DIR	<input type="checkbox"/> DELETE
NAME	O'NEIL, HELEN	
STREET ADDRESS	513 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	SR	<input checked="" type="checkbox"/> DELETE
NAME	TOMAS, ANNA M.	
STREET ADDRESS	506 CENTRE STREET	
CITY-ST-ZIP	PALMETTO FL	
TITLE	PRES.	<input type="checkbox"/> DELETE
NAME	ROBERT KILLOCK	
STREET ADDRESS	522 Centre St Palmetto, FL 34221	
CITY-ST-ZIP	FL 34221	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Nancy Hurst	
STREET ADDRESS	93 Lakeview Dr,	
CITY-ST-ZIP	Palmetto, FL 34221	

1.1 TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barbara Hessel	
1.3 STREET ADDRESS	134 Lakeview Dr. Palmetto, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry Smith	
2.3 STREET ADDRESS	487 Church Rd. Palmetto, FL	
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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/98 941-223-2461

CR2E037 (10/97)