

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90002 016 ****61.25

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DOCUMENT # N13866

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**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/17/1986

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

9. Name and Address of Current Registered Agent

**ENTLER, ALLEN
3003 US HWY 41 N
PALMETTO FL 34221**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Allen L. Entler

Katherine Harris

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** ☐ DELETE
NAME **HESEL, BARBARA**
STREET ADDRESS **134 LAKEVIEW DR**
CITY-ST-ZIP **PALMETTO FL**

TITLE **D** ☐ DELETE
NAME **O'NEIL, HELEN**
STREET ADDRESS **513 CENTRE STREET**
CITY-ST-ZIP **PALMETTO FL**

TITLE **D** ☐ DELETE
NAME **SMITH, LARRY**
STREET ADDRESS **487 CHURCH RD**
CITY-ST-ZIP **PALMETTO FL**

TITLE **P** ☐ DELETE
NAME **KILLOCK, ROBERT**
STREET ADDRESS **522 CENTRE ST**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VPD** ☐ DELETE
NAME **HURST, NANCY**
STREET ADDRESS **93 LAKEVIEW DR**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Revilacqua, Shirley**
1.3 STREET ADDRESS **55 Leisure Way**
1.4 CITY-ST-ZIP **Palmetto, Fla. 34221**

2.1 TITLE **DT** ☐ Change ☒ Addition
2.2 NAME **Hosier, Carolyn**
2.3 STREET ADDRESS **360 Quiet Way**
2.4 CITY-ST-ZIP **Palmetto, Fla. 34221**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Solomonian, Arthur**
3.3 STREET ADDRESS **489 Church Rd**
3.4 CITY-ST-ZIP **Palmetto, Fla. 34221**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Hawkins, Winston**
4.3 STREET ADDRESS **405 Tropic Drive**
4.4 CITY-ST-ZIP **Palmetto, Fla. 34221**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Robert Killock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)