

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90455 039 ****61.25

DOCUMENT # N13866 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2766457	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ENTLER, ALLEN 3003 US HWY 41 N PALMETTO, FL 34221				Name TURLEY, CHRISTINA Street Address (P.O. Box Number is Not Acceptable) 438 KAISER DR. City PALMETTO FL 34221	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Christina Turley</i></u> CHRISTINA TURLEY 4-28-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURLEY, CHRISTINA			NAME	
STREET ADDRESS	438 KAISER DR.			STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVRIES, ROGER			NAME	
STREET ADDRESS	370 QUIET WAY			STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, ROGER			NAME	
STREET ADDRESS	301 PEACE MANOR			STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALISTER , BONNIE			NAME	PFISTER, BONNIE
STREET ADDRESS	321 PEACE MANOR			STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILLOCK, BOB			NAME	
STREET ADDRESS	522 CENTRAL ST			STREET ADDRESS	
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURST, NANCY			NAME	HOSIER, CAROLYN
STREET ADDRESS	93 LAKEVIEW DR			STREET ADDRESS	241 GARFIELD ST
CITY-ST-ZIP	PALMETTO, FL 34221			CITY-ST-ZIP	HUNTINGTON, IN 46750
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Christina Turley</i></u> CHRISTINA TURLEY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-28-06 941-723-2468 <small>Date Daytime Phone #</small>	

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