

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13866

FILED
Jan 23, 2008
Secretary of State

Entity Name: LEISURE LAKE CO-OP, INC.

Current Principal Place of Business:

2900 8TH. AVE. WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

2900 8TH. AVE. WEST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 59-2766457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, JOHN MANAGER
2900 8TH. AVE. WEST
PALMETTO, FL 34221 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: PD () Delete
Name: KILLOCK, ROBERT
Address: 522 CENTRE ST.
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: HOSIER, CAROLYN
Address: 360 QUIET WAY
City-St-Zip: PALMETTO, FL 34221

Title: TD () Delete
Name: TURLEY, CHRISTINA
Address: 438 KAISER DER.
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: PFISTER, BONNIE
Address: 321 PEACE MANOR
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: DEVRIES, ROGER
Address: 370 QUIET WAY
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: EARLE, GLEN
Address: 519 CENTRE ST.
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: EARLE, GLENN
Address: 519 CENTRE ST.
City-St-Zip: PALMETTO, FL 34221

Title: TD (X) Change () Addition
Name: PIEHL, KATHLEEN
Address: 19 SHADY LANE
City-St-Zip: PALMETTO, FL 34221

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALLACE, DONALD
Address: 511 CENTRE ST.
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT KILLOCK

PD

01/23/2008

Electronic Signature of Signing Officer or Director

Date