

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:09

DOCUMENT # **N42914** (4)

1. Corporation Name
THREE LAKES PARK CO-OP, INC.

Principal Place of Business 12315 U.S. HIGHWAY 441 12 THREE LAKES PARK TAVARES FL 32778	Mailing Address 12315 U.S. HIGHWAY 441 12 THREE LAKES PARK TAVARES FL 32778
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1991	3a. Date of Last Report 03/04/1994
4. FBI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent
BROWN, BOBBIE
12315 U.S. HIGHWAY 441
LOT 15
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	SAME
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MARSHALL, HAL
STREET ADDRESS	12315 HWY 441, LOT 19
CITY-ST-ZIP	TAVARES FL
TITLE	P
NAME	MOORE, FRANK
STREET ADDRESS	12315 HWY 441 LOT 21
CITY-ST-ZIP	TAVARES FL
TITLE	D
NAME	SCHMITT, ROBERT
STREET ADDRESS	12315 HWY 441, LOT 25
CITY-ST-ZIP	TAVARES FL
TITLE	D
NAME	SMITH, DADE
STREET ADDRESS	12315 HWY 441 LOT
CITY-ST-ZIP	TAVARES FL
TITLE	D
NAME	ROBINSON, CHARLES
STREET ADDRESS	12315 HWY 441, LOT 1
CITY-ST-ZIP	TAVARES FL
TITLE	D
NAME	GARBER, DORIS
STREET ADDRESS	12315 HWY 441, LOT 28
CITY-ST-ZIP	TAVARES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Bobbie J. Brown
1.4 CITY-ST-ZIP	12315 Highway 441 Lot 15# TAVARES, FLA. #32778
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 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: Bobbie J. Brown Bobbie J. Brown 1/20/95 904-343-6807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #