

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: **04/09/1991**
3a. Date of Last Report: **01/30/1995**

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

24. 25. 29. 30.

4. FEI Number: **NOT APPLICABLE**
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: **Paul Wean, P.A.**
82. Street Address (P.O. Box Number is Not Acceptable): **1305 E. Robinson St. Suite C**
83.
84. City: **Orlando, FL** 85. Zip Code: **32801**

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: *Paul H. Wean, P.A. by Paul H. Wean, Pres* 8/29/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROWN, BOBBIE J.	
STREET ADDRESS	12315 HIGHWAY 441 LOT 15#	
CITY-ST-ZIP	TAVARES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOORE, FRANK	
STREET ADDRESS	12315 HWY 441 LOT 21	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHMITT, ROBERT	
STREET ADDRESS	12315 HWY 441, LOT 25	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DADE	
STREET ADDRESS	12315 HWY 441 LOT	
CITY-ST-ZIP	TAVARES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, CHARLES	
STREET ADDRESS	12315 HWY 441, LOT 1	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hal Marshall	
3.3 STREET ADDRESS	12315 US Hwy 441 Lot #19	
3.4 CITY-ST-ZIP	Tavares, FL 32788	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joy Coons	
4.3 STREET ADDRESS	12315 Hwy 441 Lot #14	
4.4 CITY-ST-ZIP	Tavares, FL 32788	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kenneth Haller	
5.3 STREET ADDRESS	12315 Hwy 441	
5.4 CITY-ST-ZIP	Tavares, FL 32788	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Walt Reynolds	
6.3 STREET ADDRESS	12315 US Hwy 441 Lot #29	
6.4 CITY-ST-ZIP	Tavares, FL 32788	

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: *Frank D. Moore* 4-24-96 (352) 787-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)