FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

THREE LAKES PARK CO-OP. INC.

FILI	ED
Feb 23 199	8 8:00am
Secretary	of State

A BRACKINI AND REGIO HERE LEGIC HERE WALL BEAL REGIO AND LAKEL BURK BURK AND LAKEL HEAD

Principal Place of Business 12315 U.S. HIGHWAY 441 12 THREE LAKES PARK TAVARES FL 32778 Mailing Address P.O. BOX 492228 12 THREE LAKES PARK LEESBURG FL 34749 US					
			3. Date Incorporated or Qualified 04/09/1991 4. FEI Number 59 – 3061897 Applied For		
			4. FEI Number 59-3061897	Not Applicable	
2. Principal Place of Business 21	2a. Mailing Address 26		I Di Celtilicate di Status Desireu 🗀 📑	.75 Additional see Required	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.			.00 May Be ded to Fees	
City & State	City & State		7. Is this nonprofit corporation a homeowners asso X Yes No	clation?	
Zip Country 25	Zip Cou 29 30	untry	8. This corporation owes or has paid the current ye Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
		81 Name			
PAUL WEAN, P.A. 1305 E ROBINSON ST, STE C		82 Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801		83			
·		84 City	FL 85	Zip Code	
11. Pursuant to the provisions of Sections 617.050	02 and 617.1508, Florida Statutes, the a	bove-named corp	oration submits this statement for the purpose of chang	ging 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE **BROWN, RICHARD** NAME 1.2 NAME 12315 HWY 441, LOT #15 1.3 STREET ADDRESS STREET ADDRESS TAVARES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP **DELETE** Change X Addition 2.1 TITLE TITLE MENNEL, ROY 2.2 NAME Coons, Joy NAME 12315 HWY. 441, LOT #22 12315 Hwy. 441 Lot #14 2.3 STREET ADDRESS STREET ADDRESS TAVARES FL Tavares, FL 32778 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change * Addition 3.1 TITLE DS TITLE PAYTON, DONALD NAME 3.2 NAME Garber, Merle 12315 HWY 441, LOT #17 3.3 STREET ADDRESS STREET ADDRESS 12315 Hwy. 441 Lot #26 Tavares, FL 32778 TAVARES FL 3.4. CITY-ST-ZIP CITY-ST-ZIP XI Change TITLE DELETE 4.1 TITLE D/S/T Addition MOORE, MADONNA 4.2 NAME Moore, Frank NAME 12315 HWY 441, LOT #21 4.3 STREET ADDRESS STREET ADDRESS TAVARES FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE **CUTSHALL, RICHARD** 5.2 NAME NAME 12315 HWY 441, LOT #31 5.3 STREET ADDRESS STREET ADDRESS TAVARES FL 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 6.1 TITLE SCHMITT, CAROL 62 NAME NAME 12315 HWY. 441, LOT #25 STREET ADDRESS **6.3 STREET ADDRESS** TAVARES FL 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. m.

Three Lakes Park Co-op, Inc.

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Doc. No. N42914

FEI No. 59-3061897

D Robinson, Charles 12315 Hwy. 441 Lot #1 Tavares, FL 32778

Addition

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