


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90269 037 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42914**

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 P.O. BOX 49228 12 THREE LAKES PARK LEESBURG FL 34749 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/09/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3061897
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**PAUL WEAN, P.A.**  
**1305 E ROBINSON ST, STE C**  
**ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, RICHARD</b>	
STREET ADDRESS	<b>12315 HWY 441, LOT #15</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COONS, JOY</b>	
STREET ADDRESS	<b>12315 HWY 441 LOT #14</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>GARBER, MERLE</b>	
STREET ADDRESS	<b>12315 HWY 441 LOT #26</b>	
CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOORE, FRANK</b>	
STREET ADDRESS	<b>12315 HWY 441, LOT #21</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUTSHALL, RICHARD</b>	
STREET ADDRESS	<b>12315 HWY 441, LOT #31</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHMITT, CAROL</b>	
STREET ADDRESS	<b>12315 HWY. 441, LOT #25</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HALLER ROBERT</b>	
1.3 STREET ADDRESS	<b>12315 HWY 441 LOT # 4</b>	
1.4 CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
2.1 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBINSON CHARLES</b>	
2.3 STREET ADDRESS	<b>12315 HWY 441 LOT # 2</b>	
2.4 CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>KNEE HAROLD J.</b>	
3.3 STREET ADDRESS	<b>12315 HWY 441 LOT # 32</b>	
3.4 CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ROGERS WALLACE</b>	
4.3 STREET ADDRESS	<b>12315 HWY 441 LOT # 29</b>	
4.4 CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>HURST CLARENCE</b>	
5.3 STREET ADDRESS	<b>12315 HWY 441 LOT # 19</b>	
5.4 CITY-ST-ZIP	<b>TAVARES FL 32778</b>	
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 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** *[Signature]* 3/6/99 343-4948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (11/98)