


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90050 046 \*\*\*\*61.25

<b>DOCUMENT # N42914</b> 1. Entity Name <b>THREE LAKES PARK CO-OP, INC.</b>					
Principal Place of Business 12315 U.S. HIGHWAY 441 12 THREE LAKES PARK TAVARES, FL 32778		Mailing Address 12315 U.S. HIGHWAY 441 LOT #12 TAVARES, FL 32778 US			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>J001000J</b>	
City & State		City & State		01282005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3061897	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CROAK, MICHAEL A P.A.</b> 2785 SOUTH BAY STREET SUITE G EUSTIS, FL 32726				7. Name and Address of New Registered Agent Name <i>William Carey</i>	
				Street Address (P.O. Box Numbers Not Acceptable) <i>12315 Highway 441 - Lot #24</i>	
				City <i>TAVARES</i>	
				State <b>FL</b>	
				Zip Code <b>32778</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>William Carey</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>2/21/05</i>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DS <input checked="" type="checkbox"/> Delete	NAME SCOTT, MARGARET		TITLE D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>William Carey</i>	
STREET ADDRESS 12315 U.S. HIGHWAY 441, #12	CITY-ST-ZIP TAVARES, FL 32778		STREET ADDRESS <i>12315 Highway 441 - Lot #24</i>	CITY-ST-ZIP <i>TAVARES, FL 32778</i>	
TITLE D <input checked="" type="checkbox"/> Delete	NAME HARLONG, JEFF		TITLE D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Dave Scott</i>	
STREET ADDRESS 12315 U.S. HIGHWAY 441, #23	CITY-ST-ZIP TAVARES, FL 32778		STREET ADDRESS <i>12315 Highway 441, Lot #12</i>	CITY-ST-ZIP <i>TAVARES FL 32778</i>	
TITLE D <input checked="" type="checkbox"/> Delete	NAME PAYTON, DONALD		TITLE D/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Debra Beeks</i>	
STREET ADDRESS 12315 U.S. HIGHWAY 441, #13	CITY-ST-ZIP TAVARES, FL 32778		STREET ADDRESS <i>12315 Highway 441, Lot #28</i>	CITY-ST-ZIP <i>TAVARES FL 32778</i>	
TITLE DP <input checked="" type="checkbox"/> Delete	NAME TINNEY, WARREN		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Jeff Harlong</i>	
STREET ADDRESS 12315 U.S. HIGHWAY 441, #1	CITY-ST-ZIP TAVARES, FL 32778		STREET ADDRESS <i>12315 Highway 441, Lot #23</i>	CITY-ST-ZIP <i>TAVARES, FL 32778</i>	
TITLE D <input type="checkbox"/> Delete	NAME KING, BOB		TITLE 	NAME 	
STREET ADDRESS 12315 U.S. HIGHWAY 441, #11	CITY-ST-ZIP TAVARES, FL 32778		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME <i>William Carey</i>	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #