

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42914

FILED  
Feb 10, 2006  
Secretary of State

Entity Name: THREE LAKES PARK CO-OP, INC.

**Current Principal Place of Business:**

12315 U.S. HIGHWAY 441  
12 THREE LAKES PARK  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

12315 U.S. HIGHWAY 441  
LOT #12  
TAVARES, FL 32778 US

**New Mailing Address:**

FEI Number: 59-3061897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAREY, WILLIAM  
12315 HWY 441 LOT #24  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: CAREY, WILLIAM  
Address: 12315 HWY 441 LOT #24  
City-St-Zip: TAVARES, FL 32778

Title: DVP ( ) Delete  
Name: SCOTT, DIANE  
Address: 12315 HWY 441 LOT #12  
City-St-Zip: TAVARES, FL 32778

Title: DST ( ) Delete  
Name: BERKS, DEBRA  
Address: 12315 HWY 441 LOT #28  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: HERLONG, JEFF  
Address: 12315 HWY 441 LOT #23  
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete  
Name: KING, BOB  
Address: 12315 U.S. HIGHWAY 441, #11  
City-St-Zip: TAVARES, FL 32778

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC (X) Change ( ) Addition  
Name: GUARINO, MARK  
Address: 12315 HWY 441 LOT #3  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition  
Name: KING, ROBERT  
Address: 12315 HWY 441 LOT #11  
City-St-Zip: TAVARES, FL 32778

Title: TRES (X) Change ( ) Addition  
Name: SCHUTT, LARRY  
Address: 12315 U.S. HIGHWAY 441, #32  
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CAREY

D/P

02/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date