

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42914

FILED
Jan 24, 2007
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: SEC () Delete
Name: GUARINO, MARK
Address: 12315 HWY 441 LOT #3
City-St-Zip: TAVARES, FL 32778

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

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

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

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

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

01/24/2007

Electronic Signature of Signing Officer or Director

_____ Date