2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008
Secretary of State

DOCUMENT# N97000000553

Entity Name: LAKE COMO CO-OP, INC.

Current Principal Place of Business:

20500 COT ROAD
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

20500 COT ROAD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-3424001 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRADLEY, VAN
20500 COT ROAD
#209
LUTZ, FL 33558 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: DP ( ) Delete
Name: MCELHINNEY, JACK
Address: 20500 COT RD #513
City-St-Zip: LUTZ, FL 33558

Title: DS ( ) Delete
Name: MCGEACHAM, RUTH
Address: 20500 COT RD #363
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: HAROLD, CONNEL
Address: 20500 COT RD #434
City-St-Zip: LUTZ, FL 33558

Title: DT ( ) Delete
Name: HAYES, PAMELA M
Address: 20500 COT RD #440
City-St-Zip: LUTZ, FL 33558

Title: DV ( ) Delete
Name: DOYLE, DORTHY
Address: 20500 COT RD #201
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: ADDISON, JOHN
Address: 20500 COT RD #324
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CHAUNCEY, MIKE
Address: 20500 COT RD #364
City-St-Zip: LUTZ, FL 33558

Title: DS (X) Change ( ) Addition
Name: HICKS, CAROLYN
Address: 20500 COT RD #310
City-St-Zip: LUTZ, FL 33558

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 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: MIKE CHAUNCEY P 02/18/2008

Electronic Signature of Signing Officer or Director — Date