

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42914

Entity Name: THREE LAKES PARK CO-OP, INC.**Current Principal Place of Business:**12315 U.S. HIGHWAY 441
THREE LAKES PARK CO-OP UNIT 9
TAVARES, FL 32778**Current Mailing Address:**12315 U.S. HIGHWAY 441 #9
THREE LAKES PARK CO-OP
TAVARES, FL 32778 US**FEI Number:** 59-3061897**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WAGGONER, NICK
12315 HWY 441 LOT # 9
TAVARES, FL 32778 US*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:** NICK WAGGONER

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name MANSUY, ROBERT
Address 12315 HWY 441 LOT #14
City-State-Zip: TAVARES FL 32778

Title SECRETARY/TREASURER
Name SLAGHT, HARLENE
Address 12315 HWY 441 LOT #8
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name WAGNER, CINDY
Address 12315 U S HWY 441
UNIT # 16
City-State-Zip: TAVARES FL 32778

Title PRESIDENT
Name WAGGONER, NICK
Address 1101 CENTRAL ST
City-State-Zip: MT DORA FL 32757

Title DIRECTOR
Name STANPHILL, DONITA
Address 12315 U S HWY 441
UNIT # 20
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name TINNEY, WARREN
Address 12315 HWY 441 LOT # 1
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name LEMIEUX, JOHN
Address PO BOX 160158
City-State-Zip: ALTAMONTE SPRINGS FL 32716

I hereby 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 all other like empowered.

SIGNATURE: HARLENE SLAGHT

TREASURER

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date