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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 16

DOCUMENT # 760813 (6)

1. Corporation Name
LAZY RIVER HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O PATRICIA J LEE, MGR
10500 S TAMiami TR
NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1981 3a. Date of Last Report 03/14/1994
4. FEI Number 59-2151598 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEE, PATRICIA J
10500 S TAMiami TR
N PORT FL 34287

10. Name and Address of New Registered Agent
81 Name N/A
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
-TD- DOCKRILL, MARY 100 ISLAND POINT RD NORTH PORT FL
-SD- UTTER, BETTY 140 MARTINIQUE NO PORT FL
D DEGAUST, CHARLES 110 MARTINIQUE N PORT FL
-D- MAXINE, ELY 310 LAZY RIVER RD N PORT FL
-VD- DICK, MAHNKE 176 MARTINIQUE RD N PORT FL
-RD- VROEGIN-DEWEY 103 TAHITIAN WAY NORTH PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
v/d ERICKSON, PAUL 224 Martinique Rd. North Port, FL 34287
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
D
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
T/D
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
P/D
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
S/D CARROLL, ELEANOR 156 Bermuda Way North Port, FL 34287

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. Maxine Ely D. MAXINE ELY 3/16/95 (813)426-7276