

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 760813 (6)**

1. Corporation Name

**LAZY RIVER HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

C/O PATRICIA J LEE, MGR  
10500 S TAMiami TR  
NORTH PORT FL 34287

Mailing Address

C/O PATRICIA J LEE, MGR  
10500 S TAMiami TR  
NORTH PORT FL 34287

3. Date Incorporated or Qualified  
**11/24/1981**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21 **C/O DANA M. REED**

26 **C/O DANA M. REED**

4. FEI Number  
**59-2151598**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**10500 S. TAMiami TR**

27 Suite, Apt. #, etc.  
**10500 S. TAMiami TRAIL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State  
**NORTH PORT, FL**

28 City & State  
**NORTH PORT, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**34287**

25 Country  
**SARASOTA**

29 Zip  
**34287**

30 Country  
**SARASOTA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, PATRICIA J  
10500 S TAMiami TR  
N PORT FL 34287

81 Name **DANA M. Reed**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10500 S. Tamiami TR**  
83  
84 City **NORTH PORT** FL 85 Zip Code **34287**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Dana M. Reed*

**DANA M. REED, Manager** 4/19/96

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **ERICKSON, PAUL**  
STREET ADDRESS **224 MARTINIQUE RD**  
CITY-ST-ZIP **NORTH PORT FL**

TITLE ☒ DELETE  
NAME **UTTER, BETTY**  
STREET ADDRESS **140 MARTINIQUE**  
CITY-ST-ZIP **NO PORT FL**

TITLE ☒ DELETE  
NAME **DEGAUST, CHARLES**  
STREET ADDRESS **110 MARTINIQUE**  
CITY-ST-ZIP **N PORT FL**

TITLE ☐ DELETE  
NAME **MAXINE, ELY**  
STREET ADDRESS **310 LAZY RIVER RD**  
CITY-ST-ZIP **N PORT FL**

TITLE ☒ DELETE  
NAME **DICK, MAHNKE**  
STREET ADDRESS **176 MARTINIQUE RD**  
CITY-ST-ZIP **N PORT FL**

TITLE ☐ DELETE  
NAME **CARROLL, ELEANOR**  
STREET ADDRESS **156 BERMUDA WAY**  
CITY-ST-ZIP **NORTH PORT FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☒ Addition  
1.2 NAME **K**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **ZIP 34287**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **LESTER, HELEN**  
2.3 STREET ADDRESS **188 MARTINIQUE RD.**  
2.4 CITY-ST-ZIP **NORTH PORT, FL 34287**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **CASHNER, JOHN**  
3.3 STREET ADDRESS **114 RAROTONGA RD**  
3.4 CITY-ST-ZIP **NORTH PORT, FL 34287**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **EIP**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **34287**

5.1 TITLE **V** ☒ Change ☒ Addition  
5.2 NAME **BELL, JOHN**  
5.3 STREET ADDRESS **108 TAHITIAN WAY**  
5.4 CITY-ST-ZIP **NORTH PORT, FL 34287**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **EIP**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP **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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 1, '96** (941) **426-7276**

DATE

Daytime Phone #

CR2E037 (12/95)