

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

Mailing Address

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **10500 S. TAMiami TR**

27 **10500 S. TAMiami TRAIL**

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

City & State

City & State

23 **NORTH PORT, FL**

28 **NORTH PORT, FL**

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

Zip

Country

Zip

Country

24 **34287**

25 **SARASOTA**

29 **34287**

30 **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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ERICKSON, PAUL	
STREET ADDRESS	224 MARTINIQUE RD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UTTER, BETTY	
STREET ADDRESS	140 MARTINIQUE	
CITY-ST-ZIP	NO PORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEGAUST, CHARLES	
STREET ADDRESS	110 MARTINIQUE	
CITY-ST-ZIP	N PORT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAXINE, ELY	
STREET ADDRESS	310 LAZY RIVER RD	
CITY-ST-ZIP	N PORT FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DICK, MAHNKE	
STREET ADDRESS	176 MARTINIQUE RD	
CITY-ST-ZIP	N PORT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARROLL, ELEANOR	
STREET ADDRESS	156 BERMUDA WAY	
CITY-ST-ZIP	NORTH PORT FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	K	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		ZIP 34287
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		ZIP 34287
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		ZIP 34287
6.4 CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)