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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 DANA M REED
10500 S TAMiami TRAIL
NORTH PORT FL 34287
US

3. Date Incorporated or Qualified 11/24/1981
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2151598
Applied For Not Applicable

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

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

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

DANA M REED
10500 S TAMiami TRAIL
NORTH PORT FL 34287

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETED
NAME ERICKSON, PAUL
STREET ADDRESS 224 MARTINIQUE RD
CITY-ST-ZIP NORTH PORT FL

1.1 TITLE P/D Change Addition
1.2 NAME Bell, John
1.3 STREET ADDRESS 108 Tahitian Way
1.4 CITY-ST-ZIP North Port, FL 34287

TITLE D DELETED
NAME LESHER, HELEN
STREET ADDRESS 188 MARTINIQUE RD.
CITY-ST-ZIP NORTH PORT FL

2.1 TITLE V/D Change Addition
2.2 NAME Taylor, Sonny
2.3 STREET ADDRESS 101 Tortola Way
2.4 CITY-ST-ZIP North Port, FL 34287

TITLE D DELETED
NAME CASHNER, JOHN
STREET ADDRESS 114 RAPOTONGA RD.
CITY-ST-ZIP NORTH PORT FL

3.1 TITLE T/D Change Addition
3.2 NAME Decker, Charlotte
3.3 STREET ADDRESS 131 Karotonga Road
3.4 CITY-ST-ZIP North Port, FL 34287

TITLE TD DELETED
NAME MAXINE, ELY
STREET ADDRESS 310 LAZY RIVER RD
CITY-ST-ZIP N PORT FL

4.1 TITLE S/D Change Addition
4.2 NAME Carroll, Eleanor
4.3 STREET ADDRESS 156 Bermuda Way
4.4 CITY-ST-ZIP North Port, FL 34287

TITLE V DELETED
NAME BELL, JOHN
STREET ADDRESS 108 TAHITIAN WAY
CITY-ST-ZIP NORTH PORT FL

5.1 TITLE D Change Addition
5.2 NAME Schmitt, Gene
5.3 STREET ADDRESS 124 Island Point Road
5.4 CITY-ST-ZIP North Port, FL 34287

TITLE SD DELETED
NAME CARROLL, ELEANOR
STREET ADDRESS 156 BERMUDA WAY
CITY-ST-ZIP NORTH PORT FL

6.1 TITLE D Change Addition
6.2 NAME Cashner, John
6.3 STREET ADDRESS 114 Raratonga Road
6.4 CITY-ST-ZIP North Port, FL 34287

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John A. Bell, John A. Bell 4/15/97 941-426-2458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084573

CR2E037 (9/96)