

FILE NOW: FILING FEE IS \$61.25

FILED

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 C/O DANA M. REED 10500 S TAMiami TRAIL NORTH PORT FL 34287 US	Mailing Address C/O DANA M REED 10500 S TAMiami TRAIL NORTH PORT FL 34287-1008 US
---	---

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2151598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ERICKSON, PAUL
STREET ADDRESS	224 MARTINIQUE RD
CITY-ST-ZIP	NORTH PORT FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LESHER, HELEN
STREET ADDRESS	188 MARTINIQUE RD.
CITY-ST-ZIP	NORTH PORT FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CASHNER, JOHN
STREET ADDRESS	114 RAPOTONGA RD.
CITY-ST-ZIP	NORTH PORT FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	MAXINE, ELY
STREET ADDRESS	310 LAZY RIVER RD
CITY-ST-ZIP	N PORT FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BELL, JOHN
STREET ADDRESS	108 TAHITIAN WAY
CITY-ST-ZIP	NORTH PORT FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CARROLL, ELEANOR
STREET ADDRESS	158 BERMUDA WAY
CITY-ST-ZIP	NORTH PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bell, John
1.3 STREET ADDRESS	108 Tahitian Way
1.4 CITY-ST-ZIP	North Port, FL 34287
2.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Taylor, Sonny
2.3 STREET ADDRESS	101 Tortola Way
2.4 CITY-ST-ZIP	North Port, FL 34287
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Decker, Charlotte
3.3 STREET ADDRESS	131 Karotonga Road
3.4 CITY-ST-ZIP	North Port, FL 34287
4.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carroll, Eleanor
4.3 STREET ADDRESS	156 Bermuda Way
4.4 CITY-ST-ZIP	North Port, FL 34287
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Schmitt, Gene
5.3 STREET ADDRESS	124 Island Point Road
5.4 CITY-ST-ZIP	North Port, FL 34287
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** **John A. Bell** **4/15/97** **941-426-2458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084573

CF2E037 (9/96)