

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 US
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3. Date Incorporated or Qualified <b>11/24/1981</b>
4. FEI Number <b>59-2151598</b>
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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	30

**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 <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, PAUL	1.2 NAME	D Taylor, Sonny
STREET ADDRESS	224 MARTINIQUE RD	1.3 STREET ADDRESS	101 Tortola Way
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESHER, HELEN	2.2 NAME	TD Decker, Charlotte
STREET ADDRESS	188 MARTINIQUE RD.	2.3 STREET ADDRESS	131 Raratonga Road
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASHNER, JOHN	3.2 NAME	SD Schmitt, Gene
STREET ADDRESS	114 RAPOTONGA RD.	3.3 STREET ADDRESS	124 Island Point Road
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXINE, ELY	4.2 NAME	VD Miller, Pete
STREET ADDRESS	310 LAZY RIVER RD	4.3 STREET ADDRESS	138 Lazy River Road
CITY-ST-ZIP	N PORT FL	4.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, JOHN	5.2 NAME	D Shonting, Homer
STREET ADDRESS	108 TAHITIAN WAY	5.3 STREET ADDRESS	116 Tobago Way
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, ELEANOR	6.2 NAME	D Perrault, Sarah
STREET ADDRESS	156 BERMUDA WAY	6.3 STREET ADDRESS	181 Lazy River Road
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	North Port, FL 34287

14. I 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* **REQUIRE** *John A. Bell 1/19/98 941-426-2458*

CR2E037 (10/97)