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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90004 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760813**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/24/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2151598
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TAYLOR, SONNY	
STREET ADDRESS	101 TORTOLA WAY	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LESHER, HELEN	
STREET ADDRESS	188 MARTINIQUE RD.	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASHNER, JOHN	
STREET ADDRESS	114 RAPOTONGA RD.	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DECKER, CHARLOTTE	
STREET ADDRESS	131 RARATONGA RD	
CITY-ST-ZIP	N PORT FL 34287	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BELL, JOHN	
STREET ADDRESS	108 TAHITIAN WAY	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHMITT, GENE	
STREET ADDRESS	124 ISLAND POINT RD	
CITY-ST-ZIP	NORTH PORT FL 34287	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BROWN, STUK</b>	
3.3 STREET ADDRESS	<b>125 BRAMUDA WAY</b>	
3.4 CITY-ST-ZIP	<b>NORTH PORT, FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>REAR, HARRY</b>	
4.3 STREET ADDRESS	<b>137 ISLAND POINT RD</b>	
4.4 CITY-ST-ZIP	<b>NORTH PORT, FL</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>MILLER, MANKAN</b>	
5.3 STREET ADDRESS	<b>138 LAZY RIVER RD.</b>	
5.4 CITY-ST-ZIP	<b>NORTH PORT, FL</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PERRAULT, SARAH</b>	
6.3 STREET ADDRESS	<b>181 LAZY RIVER RD</b>	
6.4 CITY-ST-ZIP	<b>NORTH PORT, FL</b>	

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, with all other like empowered.

SIGNATURE: *S. P. Miller* **S. P. MILLER** 1/21/99 Date 941-426-2838 Daytime Phone #

CR2E037 (11/98)