

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
May 24, 2001 8:00 am
Secretary of State

05-04-2001 90033 034 ****61.25

DOCUMENT # 760813

1. Entity 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

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

46840



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2151598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DANA M REED~~ *OK, M DANA M. REED*
 10500 S TAMiami TRAIL
 NORTH PORT FL 34287

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHONTING, HOMER	
STREET ADDRESS	118 TOBAGO 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 type="checkbox"/> Delete
NAME	BROWN, STEVE	
STREET ADDRESS	125 BERMUDA WAY	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RHADH, HARRY	
STREET ADDRESS	137 ISLAND PT RD	
CITY-ST-ZIP	N PORT FL 34287	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, MANIK <i>M-K</i>	
STREET ADDRESS	138 LAZY RIVER RD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PERRAULT, SARAH	
STREET ADDRESS	181 LAZY RIVER RD	
CITY-ST-ZIP	NORTH PORT FL 34287	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONNY TAYLOR	
STREET ADDRESS	101 TOBAGO WAY	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTY LOBB	
STREET ADDRESS	112 ISLAND POINT RD.	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY CIAVATRENI	
STREET ADDRESS	165 MARTINIQUE RD	
CITY-ST-ZIP	NORTH PORT, FL 34287	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE:

Manik Miller 4/7/01 926-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment

Lazy River Home Owners Association, Inc. #760813
10500 South Trail, Venice, Florida 34287 Telephone 941 426-4307



05/19/01

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Reference Number: 760813

Dear Sir:

The registered agent for our Association continues to be Dana M. Reed. The name was inadvertently crossed off the Business Report.

We do request that future reports be addressed to the Lazy River Homeowners Association, attention President.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. K. Miller".

M. K. Miller
President

cc: Dana M. Reed