

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90015 016 ****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

501625



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
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 type="checkbox"/> Delete
NAME	TAYLOR, SONNY	
STREET ADDRESS	101 TORTOLA WAY	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input checked="" 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	BROWN, STEVE	
STREET ADDRESS	125 BERMUDA WAY	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COBB, MARTY	
STREET ADDRESS	112 ISLAND POINT RD	
CITY-ST-ZIP	N PORT FL 34287	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, MANEKT	
STREET ADDRESS	138 LAZY RIVER RD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CIAVATTIERI, LUCY	
STREET ADDRESS	165 MARTINIQUE RD	
CITY-ST-ZIP	NORTH PORT FL 34287	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSKMAN, JUNG	
STREET ADDRESS	135 BERMUDA WAY	
CITY-ST-ZIP	NORTH PORT, FL 34287	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOB TRANNICK	
STREET ADDRESS	109 RANOTONGA 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	JANICK BOGREN	
STREET ADDRESS	121 BERMUDA WAY	
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 like empowered.

SIGNATURE:

MANEKT MILLER PD

02/01/02

426-2838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)