

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

Mailing Address

C/O PATRICIA J LEE, MGR
10500 S TAMiami TR
NORTH PORT FL 34287

C/O PATRICIA J LEE, MGR
10500 S TAMiami TR
NORTH PORT FL 34287

3. Date Incorporated or Qualified
11/24/1981

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **C/O DANA M. REED**

26 **C/O DANA M. REED**

4. FEI Number
59-2151598

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **10500 S. TAMiami TR**

27 **10500 S. TAMiami TRAIL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 **NORTH PORT, FL**

28 **NORTH PORT, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34287**

25 **SARASOTA**

29 **34287**

30 **SARASOTA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEE, PATRICIA J
10500 S TAMiami TR
N PORT FL 34287

81 Name **DANA M. REED**
82 Street Address (P.O. Box Number is Not Acceptable)
10500 S. TAMiami TR
83
84 City **NORTH PORT** FL 85 Zip Code **34287**

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 **Dana M. Reed** **DANA M. REED, Manager** DATE **4/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, PAUL	1.2 NAME	K
STREET ADDRESS	224 MARTINIQUE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	ZIP 34287
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UTTER, BETTY	2.2 NAME	LESTER, HELEN
STREET ADDRESS	140 MARTINIQUE	2.3 STREET ADDRESS	188 MARTINIQUE RD.
CITY-ST-ZIP	NO PORT FL	2.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEGAUST, CHARLES	3.2 NAME	CASHNER, JOHN
STREET ADDRESS	110 MARTINIQUE	3.3 STREET ADDRESS	114 RAROTONGA RD
CITY-ST-ZIP	N PORT FL	3.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXINE, ELY	4.2 NAME	
STREET ADDRESS	310 LAZY RIVER RD	4.3 STREET ADDRESS	ZIP 34287
CITY-ST-ZIP	N PORT FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK, MAHNKE	5.2 NAME	BELL, JOHN
STREET ADDRESS	176 MARTINIQUE RD	5.3 STREET ADDRESS	108 TAHITIAN WAY
CITY-ST-ZIP	N PORT FL	5.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, ELEANOR	6.2 NAME	
STREET ADDRESS	156 BERMUDA WAY	6.3 STREET ADDRESS	ZIP 34287
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **D. Maxine Ely / D. MAXINE ELY** DATE **April 1, '96** (941) DAYTIME PHONE # **426-7276**

CR2E037 (12/95)