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FILED

May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 DANA M. REED
10500 S TAMiami TRAIL
NORTH PORT FL 34287
USC/O DANA M REED
10500 S TAMiami TRAIL
NORTH PORT FL 34287-1008
US3. Date Incorporated or Qualified
11/24/19813a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2151598

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

DANA M REED
10500 S TAMiami TRAIL
NORTH PORT FL 34287

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ERICKSON, PAUL	
STREET ADDRESS	224 MARTINIQUE RD	
CITY-ST-ZIP	NORTH PORT FL	
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	CASHNER, JOHN	
STREET ADDRESS	114 RAPOTONGA RD.	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAXINE, ELY	
STREET ADDRESS	310 LAZY RIVER RD	
CITY-ST-ZIP	N PORT FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BELL, JOHN	
STREET ADDRESS	108 TAHITIAN WAY	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARROLL, ELEANOR	
STREET ADDRESS	158 BERMUDA WAY	
CITY-ST-ZIP	NORTH PORT FL	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bell, John	
1.3 STREET ADDRESS	108 Tahitian Way	
1.4 CITY-ST-ZIP	North Port, FL 34287	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Taylor, Sonny	
2.3 STREET ADDRESS	101 Tortola Way	
2.4 CITY-ST-ZIP	North Port, FL 34287	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Decker, Charlotte	
3.3 STREET ADDRESS	131 Karotonga Road	
3.4 CITY-ST-ZIP	North Port, FL 34287	
4.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carroll, Eleanor	
4.3 STREET ADDRESS	156 Bermuda Way	
4.4 CITY-ST-ZIP	North Port, FL 34287	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Schmitt, Gene	
5.3 STREET ADDRESS	124 Island Point Road	
5.4 CITY-ST-ZIP	North Port, FL 34287	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Cashner, John	
6.3 STREET ADDRESS	114 Raratonga Road	
6.4 CITY-ST-ZIP	North Port, FL 34287	

14. I do 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

941-426-2458
Daytime Phone # 0084573

CR2E037 (9/96)