


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 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	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	25	29	30

3. Date Incorporated or Qualified	11/24/1981
4. FEI Number	59-2151598
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D Taylor, Sonny <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, PAUL	1.2 NAME	101 Tortola Way
STREET ADDRESS	224 MARTINIQUE RD	1.3 STREET ADDRESS	North Port, FL 34287
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD Decker, Charlotte <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESHER, HELEN	2.2 NAME	131 Raratonga Road
STREET ADDRESS	188 MARTINIQUE RD.	2.3 STREET ADDRESS	North Port, FL 34287
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD Schmitt, Gene <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASHNER, JOHN	3.2 NAME	124 Island Point Road
STREET ADDRESS	114 RAPOTONGA RD.	3.3 STREET ADDRESS	North Port, FL 34287
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD Miller, Pete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXINE, ELY	4.2 NAME	138 Lazy River Road
STREET ADDRESS	310 LAZY RIVER RD	4.3 STREET ADDRESS	North Port, FL 34287
CITY-ST-ZIP	N PORT FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	D Shonting, Homer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, JOHN	5.2 NAME	116 Tobago Way
STREET ADDRESS	108 TAHITIAN WAY	5.3 STREET ADDRESS	North Port, FL 34287
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D Perrault, Sarah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, ELEANOR	6.2 NAME	181 Lazy River Road
STREET ADDRESS	156 BERMUDA WAY	6.3 STREET ADDRESS	North Port, FL 34287
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *John A. Bell* 1/19/98 941-426-2458

CR2E037 (10/97)