

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
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DOCUMENT # **760813** (6)
1. Corporation Name
LAZY RIVER HOME OWNERS ASSOCIATION, INC.

Principal Place of Business C/O DANA M. REED 10500 S TAMiami TRAIL NORTH PORT FL 34287 US	Mailing Address C/O DANA M REED 10500 S TAMiami TRAIL NORTH PORT FL 34287 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 11/24/1981	
4. FEI Number 59-2151598	Applied For <input type="checkbox"/> Not Applicable
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 FL 85 Zip Code
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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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, PAUL	1.2 NAME	D Taylor, Sonny
STREET ADDRESS	224 MARTINIQUE RD	1.3 STREET ADDRESS	101 Tortola Way
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESHER, HELEN	2.2 NAME	TD Decker, Charlotte
STREET ADDRESS	188 MARTINIQUE RD.	2.3 STREET ADDRESS	131 Raratonga Road
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASHNER, JOHN	3.2 NAME	SD Schmitt, Gene
STREET ADDRESS	114 RAPOTONGA RD.	3.3 STREET ADDRESS	124 Island Point Road
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXINE, ELY	4.2 NAME	VD Miller, Pete
STREET ADDRESS	310 LAZY RIVER RD	4.3 STREET ADDRESS	138 Lazy River Road
CITY-ST-ZIP	N PORT FL	4.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, JOHN	5.2 NAME	D Shonting, Homer
STREET ADDRESS	108 TAHITIAN WAY	5.3 STREET ADDRESS	116 Tobago Way
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	North Port, FL 34287
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, ELEANOR	6.2 NAME	D Perrault, Sarah
STREET ADDRESS	156 BERMUDA WAY	6.3 STREET ADDRESS	181 Lazy River Road
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP	North Port, FL 34287

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)