

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90004 013 \*\*\*\*61.25

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**DOCUMENT # 760813**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/24/1981

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 Fees

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

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

TITLE ☐ DELETED  
TAYLOR, SONNY  
101 TORTOLA WAY  
NORTH PORT FL 34287TITLE ☐ DELETED  
LESHER, HELEN  
188 MARTINIQUE RD.  
NORTH PORT FLTITLE ☒ DELETED  
CASHNER, JOHN  
114 RAPOTONGA RD.  
NORTH PORT FLTITLE ☒ DELETETD  
DECKER, CHARLOTTE  
131 RARATONGA RD  
N PORT FL 34287TITLE ☒ DELETEPD  
BELL, JOHN  
108 TAHITIAN WAY  
NORTH PORT FLTITLE ☒ DELETESD  
SCHMITT, GENE  
124 ISLAND POINT RD  
NORTH PORT FL 34287

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
BROWN, STURK  
125 BRAMUDA WAY  
NORTH PORT, FLTD  
REAR, HARRY  
137 ISLAND POINT RD  
NORTH PORT, FLPD  
MILLER, MANKAN  
138 LAZY RIVER RD.  
NORTH PORT, FLSD  
PERRAULT, SARAH  
181 LAZY RIVER RD  
NORTH PORT, FL

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)