

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760813

1. Entity Name

LAZY RIVER HOME OWNERS ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90132 026 ****61.25

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 34287-1008 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent

DANA M REED
10500 S TAMiami TRAIL
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE D NAME TAYLOR, SONNY STREET ADDRESS 101 TORTOLA WAY CITY-ST-ZIP NORTH PORT FL 34287	<input checked="" type="checkbox"/> Delete
TITLE D NAME LESHER, HELEN STREET ADDRESS 188 MARTINIQUE RD. CITY-ST-ZIP NORTH PORT FL	<input type="checkbox"/> Delete
TITLE D NAME BROWN, STEVE STREET ADDRESS 125 BERMUDA WAY CITY-ST-ZIP NORTH PORT FL	<input type="checkbox"/> Delete
TITLE TD NAME READER, HARRY STREET ADDRESS 137 ISLAND PT RD CITY-ST-ZIP N PORT FL 34287	<input type="checkbox"/> Delete
TITLE PD NAME MILLER, MANIKN STREET ADDRESS 138 LAZY RIVER RD CITY-ST-ZIP NORTH PORT FL	<input type="checkbox"/> Delete
TITLE SD NAME PERRAULT, SARAH STREET ADDRESS 181 LAZY RIVER RD CITY-ST-ZIP NORTH PORT FL 34287	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME SHONTING, HOMER STREET ADDRESS 116 TOBACCO WAY CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VO NAME LAW WILKINSON, KAY STREET ADDRESS 199 MARTINIQUE RD CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HILLIARD, MARG STREET ADDRESS 113 LAZY RIVER RD CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PELOQUIN, ROGER STREET ADDRESS 113 BERMUDA WAY CITY-ST-ZIP NORTH PORT, FL 34287	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Manikn Miller 02/29/00 941-426-2838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)