

# 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
---	---

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



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2151598</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, SONNY</b> <b>101 TORTOLA WAY</b> <b>NORTH PORT FL 34287</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LESHER, HELEN</b> <b>188 MARTINIQUE RD.</b> <b>NORTH PORT FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, STEVE</b> <b>125 BERMUDA WAY</b> <b>NORTH PORT FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>READ, HARRY</b> <b>137 ISLAND PT RD</b> <b>N PORT FL 34287</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MILLER, MANLYN</b> <b>138 LAZY RIVER RD</b> <b>NORTH PORT FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PERRAULT, SARAH</b> <b>181 LAZY RIVER RD</b> <b>NORTH PORT FL 34287</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHONTING, HOMER</b> <b>116 TOBAGO WAY</b> <b>NORTH PORT, FL 34287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <b>LAW, WILLIAM, FAY</b> <b>199 MARTINIQUE RD</b> <b>NORTH PORT, FL 34287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILLIARD, MARG</b> <b>113 LAZY RIVER RD</b> <b>NORTH PORT, FL 34287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PELOQUIN, ROGER</b> <b>113 BERMUDA WAY</b> <b>NORTH PORT, FL 34287</b> <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: MANLYN MILLER 02/02/00 941-426-2838  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)