

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760813

1. Entity Name

LAZY RIVER HOME OWNERS ASSOCIATION, INC.

FILED

Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90015 016 ****61.25

501625



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2151598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANA M REED
10500 S TAMiami TRAIL
NORTH PORT FL 34287

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS TAYLOR, SONNY
CITY-ST-ZIP 101 TORTOLA WAY
NORTH PORT FL 34287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS LESHER, HELEN
CITY-ST-ZIP 188 MARTINIQUE RD.
NORTH PORT FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS ROSKMAN, JUNG
CITY-ST-ZIP 135 BERMUDA WAY
NORTH PORT, FL 34287

TITLE ☒ Delete
NAME D
STREET ADDRESS BROWN, STEVE
CITY-ST-ZIP 125 BERMUDA WAY
NORTH PORT FL

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS JOE M AUNICK
CITY-ST-ZIP 109 RAROTONGA RD
NORTH PORT, FL 34287

TITLE ☐ Delete
NAME TD
STREET ADDRESS COBB, MARTY
CITY-ST-ZIP 112 ISLAND POINT RD
N PORT FL 34287

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS MILLER, MANEKT
CITY-ST-ZIP 138 LAZY RIVER RD
NORTH PORT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME SD
STREET ADDRESS CIAVATTIERI, LUCY
CITY-ST-ZIP 165 MARTINIQUE RD
NORTH PORT FL 34287

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS JANICK BOGREN
CITY-ST-ZIP 121 BERMUDA WAY
NORTH PORT, FL 34287

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: MSKINATHERE P.D. O. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/02 426-2838

Date Daytime Phone #

CR2E037 (9/01)