

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90357 038 \*\*\*\*61.25

**DOCUMENT # N01000004625**

1. Entity Name  
**RESIDENTS OF LAZY DAYS, INC.**



Principal Place of Business  
**2524 N TAMiami TRAIL  
NORTH FORT MYERS, FL 33917**

Mailing Address  
**347 FUTURE DRIVE  
NORTH FORT MYERS, FL 33917**

**60029537**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-1127538**

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

**SPARR, KENNETH E  
347 FUTURE DRIVE  
NORTH FORT MYERS, FL 33917**

## 7. Name and Address of New Registered Agent

Name **Margaret Kerr**

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

**601 FRIENDLY PL**

City **No Fort Myers FL** Zip Code **33917**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MARGARET KERR**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Margaret Kerr Treas. 4/20/06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **ANTONINI, DEE**  
STREET ADDRESS **700 DREAM LANE**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **ASTD** ☐ Change ☒ Addition  
NAME **NANCY SOMMERS**  
STREET ADDRESS **867 MOONLIGHT DR**  
CITY-ST-ZIP **No FT MYERS FL 33917**

TITLE **1VD** ☒ Delete  
NAME **BRINNEMAN, RALPH**  
STREET ADDRESS **196 RESTFUL ROAD**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **1VD** ☐ Change ☒ Addition  
NAME **KENNETH E SPARR**  
STREET ADDRESS **347 FUTURE DRIVE**  
CITY-ST-ZIP **No FT MYERS FL 33917**

TITLE **T** ☐ Delete  
NAME **KARR, MARGARET**  
STREET ADDRESS **601 FRIENDLY PLACE**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

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

TITLE **SD** ☐ Delete  
NAME **ABBOTT, SUE**  
STREET ADDRESS **743 LEISURE LANE**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

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

TITLE **SVP** ☐ Delete  
NAME **GUTHRIE, PHYLISS**  
STREET ADDRESS **813 HOMEFOLKS ST**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

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

TITLE **ASTD** ☒ Delete  
NAME **GARRISON, BABE**  
STREET ADDRESS **109 CORAL STREET**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**MARGARET KERR**

**Margaret Kerr Treas. 4/20/06**

Date

Daytime Phone #

**239-656-1767**