

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004625

FILED
Apr 24, 2009
Secretary of State

Entity Name: RESIDENTS OF LAZY DAYS, INC.

Current Principal Place of Business:

2524 N TAMIAMI TRAIL
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

2524 N TAMIAMI TRAIL
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 65-1127538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEASLEY, DENNIS
671 CORAL LANE
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

GUTHRIE, PHYLLIS A/TREAS
812 HOMEFOLKS
NORTH FORT MYERS, FL 33917 US

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: PKYLLIS GUTHRIE

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 2VP () Delete
Name: HANNAFIUS, MICHAEL A
Address: 760 PLEASANT VIEW
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: AT () Delete
Name: GUTRIE, PHYLLIS
Address: 812 NOMEFOLKS
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: IVP () Delete
Name: FORD, MARY
Address: 815 HOMEFLOKS
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGMR () Delete
Name: YOUNG, JUDY
Address: 712 LEISURE LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: 1VDP () Delete
Name: SPARR, KENNETH E
Address: 347 FUTURE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HANNAFIUS, MICHAEL A
Address: 760 PLEASANT VIEW
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: 2VP (X) Change () Addition
Name: YOUNG, JUDY
Address: 712 LEISURE LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: YOUNG, JUDY
Address: 712 LEISURE LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SEC (X) Change () Addition
Name: BREWER, PAUL
Address: 699 DREAM LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MAL () Change (X) Addition
Name: LAWNRANCE, MARY
Address: 657 FUTURE DR
City-St-Zip: NORTH FORT MYERS, FL 33017

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS GUTHRIE

A/TR

04/24/2009

Electronic Signature of Signing Officer or Director

Date