FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01983 (8)

1. Corporation Name

LAZY RIVER VILLAGE, INC.

Principal Place of Business	Mailing Address
10500 S.TAMIAMI TRL. NORTH PORT FL 34287	10500 S.TAMIAMI TRL. NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/15/1984
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2494828 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

DOMBER, HARLAN R P.A.
2801 FRUITVILLE RD, STE 150
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D/T	☒ Change ☐ Addition
NAME	~~JOHNSON, CLIFFORD~~	1.2 NAME	DAVIS, FRED	
STREET ADDRESS	~~154 MARTINIQUE RD~~	1.3 STREET ADDRESS	241 Martinique Rd.	
CITY-ST-ZIP	~~NORTH PORT FL~~	1.4 CITY-ST-ZIP	North Port, FL 34287	
TITLE	~~D~~	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	~~PAQUIN, RICHARD~~	2.2 NAME	STALLS, FRANK	
STREET ADDRESS	~~158 BERMUDA WAY~~	2.3 STREET ADDRESS	230 Martinique Rd	
CITY-ST-ZIP	~~NORTH PORT FL~~	2.4 CITY-ST-ZIP	North Port, FL 34287	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	LACHETTE, NANCY	3.2 NAME		
STREET ADDRESS	137 RAROTONGA RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HAROLD DAVIES	4.2 NAME		
STREET ADDRESS	127 RAROTONGA RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	4.4 CITY-ST-ZIP		
TITLE	~~DV~~	5.1 TITLE	D	☒ Change ☐ Addition
NAME	~~NORMA DROLET~~	5.2 NAME	HAEBERLE, GEORGE	
STREET ADDRESS	~~137 BERMUDA WAY~~	5.3 STREET ADDRESS	107 Lazy River Rd.	
CITY-ST-ZIP	NORTH PORT FL	5.4 CITY-ST-ZIP	North Port, FL 34287	
TITLE	~~DT~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BEAL, PHILIP	6.2 NAME		
STREET ADDRESS	206 MARTINIQUE RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy LaChette 2-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
NANCY LACHETTE, SECRETARY

(Volume Filing #)

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