

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N01983

(8)

1. Corporation Name

LAZY RIVER VILLAGE, INC.



Principal Place of Business

Mailing Address

**10500 S.TAMiami TrL
NORTH PORT FL 34287**

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NORTH PORT FL 34287**

3. Date Incorporated or Qualified
03/15/1984

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2494828

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

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

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☒ DELETE
NAME **DAVIS, FRED**
STREET ADDRESS **241 MARTINIQUE RD**
CITY-ST-ZIP **NORTH PORT FL**

1.1 TITLE **DT** ☐ Change ☒ Addition
1.2 NAME **JOHN A. BELL**
1.3 STREET ADDRESS **108 TAHITIAN WAY**
1.4 CITY-ST-ZIP **NORTH PORT FL**

TITLE **DV** ☒ DELETE
NAME **STALLS, FRANK**
STREET ADDRESS **230 MARTINIQUE RD**
CITY-ST-ZIP **NORTH PORT FL**

2.1 TITLE **DV** ☐ Change ☒ Addition
2.2 NAME **DONALD R. URBahn**
2.3 STREET ADDRESS **126 RAROTONGA RO.**
2.4 CITY-ST-ZIP **NORTH PORT, FL**

TITLE **DS** ☐ DELETE
NAME **LACHETTE, NANCY**
STREET ADDRESS **137 RAROTONGA RD**
CITY-ST-ZIP **NORTH PORT FL**

3.1 TITLE **DT** ☐ Change ☒ Addition
3.2 NAME **ALICE BENNETT**
3.3 STREET ADDRESS **103 BERMUDA WAY**
3.4 CITY-ST-ZIP **NORTH PORT, FL**

TITLE **PD** ☐ DELETE
NAME **HAROLD DAVIES**
STREET ADDRESS **127 RAROTONGA RD**
CITY-ST-ZIP **NORTH PORT FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **NORMAN DROLET**
4.3 STREET ADDRESS **137 BERMUDA WAY**
4.4 CITY-ST-ZIP **NORTH PORT, FL**

TITLE **D** ☐ DELETE
NAME **HAEBERLE, GEORGE**
STREET ADDRESS **107 LAZY RIVER ROAD**
CITY-ST-ZIP **NORTH PORT FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BEAL, PHILIP**
STREET ADDRESS **206 MARTINIQUE RD**
CITY-ST-ZIP **NORTH PORT FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96
Date

941-426-4307
Daytime Phone #

CR2E037 (12/95)