


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01983 (8) 1. Corporation Name LAZY RIVER VILLAGE, INC.
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Principal Place of Business 10500 S.TAMiami TrL NORTH PORT FL 34287	Mailing Address 10500 S.TAMiami TrL NORTH PORT FL 34287-1008
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/15/1984	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2494828		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT <input checked="" type="checkbox"/> DELETE NAME BELL, JOHN A. STREET ADDRESS 108 TAHITIAN WAY CITY-ST-ZIP NORTH PORT FL	1.1 TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Drolet, Norman 1.3 STREET ADDRESS 137 Bermuda Way 1.4 CITY-ST-ZIP North Port, FL 34287		
TITLE DV <input type="checkbox"/> DELETE NAME URBAHN, DONALD R. STREET ADDRESS 126 RAROTONGA ROAD CITY-ST-ZIP NORTH PORT FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS <input type="checkbox"/> DELETE NAME LACHETTE, NANCY STREET ADDRESS 137 RAROTONGA RD CITY-ST-ZIP NORTH PORT FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD <input type="checkbox"/> DELETE NAME HAROLD DAVIES STREET ADDRESS 127 RAROTONGA RD CITY-ST-ZIP NORTH PORT FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE NAME HAEERLE, GEORGE STREET ADDRESS 107 LAZY RIVER ROAD CITY-ST-ZIP NORTH PORT FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT <input checked="" type="checkbox"/> DELETE NAME BENNETT, ALICE STREET ADDRESS 103 BERMUDA WAY CITY-ST-ZIP NORTH PORT FL	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Hilliard, Marg 6.3 STREET ADDRESS 113 Lazy River Road 6.4 CITY-ST-ZIP North Port, FL 34287		

14. I do 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 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.

CP2E037 (9/96)

ADDITIONAL NAME

TITLE: D
NAME: DESILETS, ALBERT
STREET ADDRESS: 157 RAROTONGA ROAD
CITY-ST-ZIP: NORTH PORT, FL 34287

ADDITION