

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90134 022 ****61.25

DOCUMENT # N01983

1. Corporation Name

LAZY RIVER VILLAGE, INC.

Principal Place of Business

10500 S.TAMiami TrL
NORTH PORT FL 34287

Mailing Address

10500 S.TAMiami TrL
NORTH PORT FL 34287



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/15/1984

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

9. Name and Address of Current Registered Agent

DOMBER, HARLAN R PA
3900 CLARK ROAD
SUITE L
SARASOTA FL 34233

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 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

TITLE **DT** ☐ DELETE
NAME **ELY, ALLAN**
STREET ADDRESS **310 LAZY RIVER ROAD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **DP** ☐ DELETE
NAME **VROEGINDEWEY, DAVID**
STREET ADDRESS **103 TAHITIAN WAY**
CITY-ST-ZIP **NORTH PORT FL 34287**

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

TITLE **D** ☒ DELETE
NAME **DAVIES, HAROLD**
STREET ADDRESS **127 RAROTONGA RD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **DV** ☒ DELETE
NAME **HAEBERLE, GEORGE**
STREET ADDRESS **107 LAZY RIVER ROAD**
CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **D** ☒ DELETE
NAME **HILLIARD, MARG**
STREET ADDRESS **113 LAZY RIVER ROAD**
CITY-ST-ZIP **NORTH PORT FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

14. I 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, with all other like empowered.

SIGNATURE:

NANCY LACHETTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99
Date
(941) 426-4307
Daytime Phone #

0069103

CR2E037 (1/198)

N01983

401061-90134-22

TITLE: D
NAME: DESILETS, ALBERT
ADDRESS: 157 RAROTONGA ROAD
CITY, STATE: NORTH PORT FL 34287

ADDITION