

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90078 043 ****61.25

DOCUMENT # N01983

1. Entity 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**

94044403



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2494828

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ **D** ☐ Delete
NAME **BUTERA, ROBERT**
STREET ADDRESS **206 MARTINIQUE RD**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ **T D** ☐ Delete
NAME **COTE, GERARD**
STREET ADDRESS **147 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ **D** ☐ Delete
NAME **SHELLEY, BABARA**
STREET ADDRESS **138 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☒ **PD** ☒ Delete
NAME **COBB, THEODORE**
STREET ADDRESS **112 ISLAND POINT RD**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☒ **DS** ☒ Delete
NAME **HART, ROBERT**
STREET ADDRESS **161 BERMUDA WAY**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE ☐ **D V** ☐ Delete
NAME **CHALK, DAVID**
STREET ADDRESS **123 RARATONA A RD**
CITY-ST-ZIP **NORTH PORT, FL 34287**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ **D** ☒ Change ☐ Addition
NAME **Butera, Robert**
STREET ADDRESS **206 Martinique Rd**
CITY-ST-ZIP **North Port, FL 34287**

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **SPUNAR, William PD** ☐ Change ☒ Addition
NAME
STREET ADDRESS **112 Martinique Rd**
CITY-ST-ZIP **North Port, FL 34287**

TITLE ☐ **DS** ☐ Change ☒ Addition
NAME **Vroegindawey, David**
STREET ADDRESS **103 Tahitian Way**
CITY-ST-ZIP **North Port, FL 34287**

TITLE ☐ ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerard L Cote, Treas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04

Date

(941) 426-4307 office
(941) 429-0112 Home

Daytime Phone #