

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01983

FILED
May 02, 2005
Secretary of State

Entity Name: LAZY RIVER VILLAGE, INC.

Current Principal Place of Business:

10500 S.TAMIAMI TRL.
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

10500 S.TAMIAMI TRL.
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-2494828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUTERA, ROBERT
Address: 206 MARTINIQUE RD
City-St-Zip: NORTH PORT, FL 34287

Title: T () Delete
Name: COTE, GERARD
Address: 147 BERMUDA WAY
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: SHELLEY, BABARA
Address: 138 BERMUDA WAY
City-St-Zip: NORTH PORT, FL 34287

Title: PD () Delete
Name: SPUNER, WILLIAM
Address: 112 MARTIAIGUE RD.
City-St-Zip: NORTH PORT, FL 34287

Title: DS () Delete
Name: VROEGINDEWAY, DAVID
Address: 103 TAHITIAN WAY
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: CHALK, DAVID
Address: 123 RARATONA A RD
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILCOX, BOB
Address: 126 LAZY RIVER ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOPPING, JAN
Address: 126 MARTINIQUE
City-St-Zip: NORTH PORT, FL 34287

Title: PD (X) Change () Addition
Name: SPUNER, WILLIAM
Address: 112 MARTINIQUE RD.
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE VROEGINDEWAY

S

05/02/2005

Electronic Signature of Signing Officer or Director

Date