


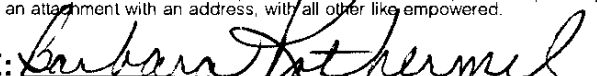
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90029 032 ****61.25

DOCUMENT # N96000004284					
1. Entity Name LAZY DAYS CAMP RESORT LOT OWNERS ASSOCIATION, INC.					
Principal Place of Business 1074 FRONT ST WELAKA FL 32193 US			Mailing Address P.O. BOX 1373 WELAKA FL 32193		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3435490	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTHERMEL, BARBARA 1074 FRONT ST #35 WELAKA FL 32193			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	2VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, JOHN		NAME	Rick Ryan	
STREET ADDRESS	71 PEPPER HALL PLANTATION		STREET ADDRESS	118 Magnolia Dr.	
CITY-ST-ZIP	BLUFFTON SC 29909		CITY-ST-ZIP	East Palatka, FLA 32131	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATHAWAY, RALPH		NAME	Elaine Dennis	
STREET ADDRESS	158 PINWOODS RD.		STREET ADDRESS	2791 Bishop Estates Rd.	
CITY-ST-ZIP	PITTSFORD VT 05763		CITY-ST-ZIP	Jacksonville, FLA 32259	
TITLE	S P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNICK, LARRY		NAME		
STREET ADDRESS	1074 FRONT ST #19		STREET ADDRESS		
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHERMEL, BARBARA		NAME		
STREET ADDRESS	1074 FRONT ST. #35		STREET ADDRESS		
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEALY, FRANK		NAME		
STREET ADDRESS	1074 FRONT ST., #142		STREET ADDRESS		
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07 386-467-8532
Date Daytime Phone #