

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90011 037 \*\*\*\*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

02112008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
59-3435490

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$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 Elaine Dennis

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

2791 Bishop Estates Rd

City Jacksonville

FL

Zip Code

32259

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, 2008

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 V ☐ Delete  
NAME HATHAWAY, RALPH  
STREET ADDRESS 158 PINWOODS RD.  
CITY-ST-ZIP PITTSFORD, VT 05763

TITLE P ☐ Delete  
NAME MINNICK, LARRY  
STREET ADDRESS 1074 FRONT ST #19  
CITY-ST-ZIP WELAKA, FL 32193

TITLE T ☐ Delete  
NAME ROTHERMEL, BARBARA  
STREET ADDRESS 1074 FRONT ST. #35  
CITY-ST-ZIP WELAKA, FL 32193

TITLE S ☐ Delete  
NAME DENNIS, ELAINE  
STREET ADDRESS 2791 BISHOP ESTATES RD  
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE S ☐ Delete  
NAME JOHNSON, KATHIE  
STREET ADDRESS 1074 FRONT ST  
CITY-ST-ZIP WELAKA, FL 32193

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE James T. Mercer ☐ Change ☒ Addition  
NAME P.O. Box 652  
STREET ADDRESS Flagler Beach, FL 32136  
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition  
NAME Bruce C. Reinert  
STREET ADDRESS 1074-4 Front St.  
CITY-ST-ZIP WELAKA, FL 32193

TITLE T ☐ Change ☒ Addition  
NAME Ronald W. Johnson  
STREET ADDRESS 1074-105 Front St  
CITY-ST-ZIP WELAKA, FL 32193

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

TITLE ☐ Change ☒ Addition  
NAME Eugene Reid Sr.  
STREET ADDRESS 2812 14th St  
CITY-ST-ZIP Palmetto, FL 34221

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 exemptions contained in Chapter 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

Date

Daytime Phone #

2-11-08

(904) 202-7062