

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90398 024 \*\*\*\*61.25

**DOCUMENT # N99000002416**

1. Entity Name  
**LAZY LAGOON HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8320 RIVERSIDE DRIVE  
PUNTA GORDA, FL 33982**

Mailing Address  
**PO BOX 380758  
MURDOCK, FL 33938**

**50007953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**65-0931106**

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

**WISHARD, KRISTINE  
23081 HARBORVIEW RD  
CHARLOTTE HARBOR, FL 33980**

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, 2006**

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 **PD** ☒ Delete  
NAME **HILLER, WALTER**  
STREET ADDRESS **P.O. BOX 380758**  
CITY-ST-ZIP **MURDOCK, FL 33938**

TITLE **TD** ☐ Delete  
NAME **GAMBREL, MAURY**  
STREET ADDRESS **P.O. BOX 380758**  
CITY-ST-ZIP **MURDOCK, FL 33938**

TITLE **DS** ☒ Delete  
NAME **BOGARD, BETTIE**  
STREET ADDRESS **8320 RIVERSIDE DRIVE**  
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **D** ☒ Delete  
NAME **LOGAN, EVELYN**  
STREET ADDRESS **8320 RIVERSIDE DR 4019**  
CITY-ST-ZIP **PUNTA GORDA, FL 33982**

TITLE **VPD** ☐ Delete  
NAME **JAKUSH, JACK**  
STREET ADDRESS **P.O. BOX 380758**  
CITY-ST-ZIP **MURDOCK, FL 33938**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **Don Hultberg**  
STREET ADDRESS **8320 Riverside Dr. #4160**  
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Gene Bliesener**  
STREET ADDRESS **8320 Riverside Dr #4139**  
CITY-ST-ZIP **Punta Gorda FL 33982**

TITLE **S** ☐ Change ☒ Addition  
NAME **Jean Fry**  
STREET ADDRESS **8320 Riverside Dr. #4140**  
CITY-ST-ZIP **Punta Gorda FL 33982**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tom Tucker**  
STREET ADDRESS **8320 Riverside Dr #4072**  
CITY-ST-ZIP **Punta Gorda FL 33982**

TITLE **D** ☐ Change ☒ Addition  
NAME **George Dietrich**  
STREET ADDRESS **8320 Riverside Dr #4039**  
CITY-ST-ZIP **Punta Gorda FL 33982**

TITLE **D** ☒ Change ☐ Addition  
NAME **Jack Jaquish**  
STREET ADDRESS **8320 Riverside Dr #4012**  
CITY-ST-ZIP **Punta Gorda FL 33982**

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 #

*Maurice J. Gambrel*

**3-31-06**