## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002416

FILED Apr 23, 2008 Secretary of State

Entity Name: LAZY LAGOON HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 8320 RIVERSIDE DRIVE PUNTA GORDA, FL 33982 **Current Mailing Address: New Mailing Address:** PO BOX 380758 MURDOCK, FL 33938 FEI Number: 65-0931106 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WISHARD, KRISTINE WISHARD, KRISTINE 1532 RIO DE JANEIRO AVE 23081 HARBORVIEW RD CHARLOTTE HARBOR, FL 33980 PUNTA GORDA, FL 33983 US US 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: 04/23/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition DIETRICH, GEORGE Name: Name: 8320 RIVERSIDE DRIVE #4039 Address: Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: Title: () Delete Title: TD (X) Change ( ) Addition SPIELHAUPTER, ANNA Name: Name: RYDER, JAMES Address: 8320 RIVERSIDE DRIVE #4114 Address: PO BOX 380758 City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: MURDOCK, FL 33938 Title: () Delete Title: () Change () Addition BLIESENER, GENE Name: Name: 8320 RIVERSIDE DR #4139 Address: Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: FRY, JEAN Name: 8320 RIVERSIDE DR #4140 Address: Address: City-St-Zip: PUNTA GORDA, FL 33982 City-St-Zip: Title: Title: () Delete () Change () Addition STRAW, WAYNE Name: Name: 8320 RIVERSIDE DRIVE #4110 Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition TUCKER, TOM TUCKER, TOM Name: Name: Address: 8320 RIVERSIDE DRIVE #4072 Address: 8320 RIVERSIDE DRIVE #4072 PUNTA GORDA, FL 33955 PUNTA GORDA, FL 33955 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GENE BLIESENER PD 04/23/2008