

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000044139

1. Entity Name  
SANTA FE RIVER VILLAGE, INC.



Principal Place of Business

15 PARADISE PLAZA  
#298  
SARASOTA, FL 34239

Mailing Address

15 PARADISE PLAZA  
#298  
SARASOTA, FL 34239



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1472920

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LACKEY, LARRY A SR.  
15 PARADISE PLAZA  
298  
SARASOTA, FL 34239

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P S  
NAME LACKEY, LARRY A SR.  
STREET ADDRESS 15 PARADISE PLAZA #298  
CITY-ST-ZIP SARASOTA, FL 34239

TITLE VP  
NAME LACKEY, LARRY JR.  
STREET ADDRESS 15 PARADISE PLAZA #298  
CITY-ST-ZIP SARASOTA, FL 34293

TITLE VP T  
NAME KAZWELL, STANLEY J JR.  
STREET ADDRESS 600 CHAMBER ST.  
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE VP  
NAME MCDANIEL, JANICE  
STREET ADDRESS 4268 CONWAY BLVD  
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000556994  
05/17/06-80033-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-25-06 (941) 776-3814

Date

Daytime Phone #