

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01983

Entity Name: LAZY RIVER VILLAGE, INC.**Current Principal Place of Business:**10500 S.TAMiami TrL.
NORTH PORT, FL 34287**Current Mailing Address:**10500 S.TAMiami TrL.
NORTH PORT, FL 34287 US**FEI Number:** 59-2494828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOMBER, HARLAN R PA
3900 CLARK ROAD
SUITE L
SARASOTA, FL 34233 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SULZBACH, CHARLES
Address	10500 S.TAMiami TrL.
City-State-Zip:	NORTH PORT FL 34287

Title	T
Name	SHELLEY, RUSTY
Address	10500 S.TAMiami TrL.
City-State-Zip:	NORTH PORT FL 34287

Title	VP
Name	SWAIN, JEAN
Address	10500 S.TAMiami TrL.
City-State-Zip:	NORTH PORT FL 34287

Title	VP OF REAL ESTATE
Name	TRIMPE, JULIE VP
Address	10500 S.TAMiami TrL.
City-State-Zip:	NORTH PORT FL 34287

Title	SECRETARY
Name	DONELSON, RICHARD
Address	10500 S TAMiami TRAIL
City-State-Zip:	NORTH PORT FL 34287

I hereby 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 all other like empowered.

SIGNATURE: CHARLES SULZBACH

PRESIDENT

02/19/2021

Electronic Signature of Signing Officer/Director Detail_____
Date