

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N24539** (1)

1. Corporation Name

LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

26346 RAMPART BLVD.
PORT CHARLOTTE FL 33963

26346 RAMPART BLVD.
PORT CHARLOTTE FL 33963

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 01/27/1988 | 3a. Date of Last Report 04/29/1994 |
| 4. FEI Number 65-0127620 | Applied For <input type="checkbox"/> Not Applicable |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Country |
| 24 | 25 |
| Zip | Country |
| 29 | 30 |

| | | |
|---|---|---------------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status | <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENZNER, RICHARD W.
4055 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

| | |
|---|----------------|
| B1 Name | |
| B2 Street Address (P.O. Box Number is Not Acceptable) | |
| B3 | |
| B4 City | FL B5 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------|
| TITLE | DP RYNARD, NORMAN |
| NAME | 26310-A RAMPART BLVD. |
| STREET ADDRESS | PORT CHARLOTTE FL |
| CITY-ST-ZIP | |
| TITLE | SD FIRENICH, HERBERT |
| NAME | 26300-D RAMPART BLVD |
| STREET ADDRESS | PORT CHARLOTTE FL |
| CITY-ST-ZIP | |
| TITLE | D SIEGEL, HAROLD |
| NAME | 2634-D RAMPART BLVD |
| STREET ADDRESS | PORT CHARLOTTE FL |
| CITY-ST-ZIP | |
| TITLE | TD CADMEN, CHARLENE M. |
| NAME | 26280-G RAMPART BLVD. |
| STREET ADDRESS | PORT CHARLOTTE FL |
| CITY-ST-ZIP | |
| TITLE | D AURORA, VINCENT |
| NAME | 26272-D RAMPART BLVD. |
| STREET ADDRESS | PORT CHARLOTTE FL |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

Date

Daytime Phone #