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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N24539 (1)

1. Corporation Name
LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
4055 TAMiami TRAIL PORT CHARLOTTE FL 33952
4055 TAMiami TRAIL PORT CHARLOTTE FL 33952-8212

3. Date Incorporated or Qualified 01/27/1988
3a. Date of Last Report 05/19/1996

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30
4. FEI Number 65-0127620 Applied For Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

9. Name and Address of Current Registered Agent
LENZNER, RICHARD W.
4055 TAMiami TRAIL
PORT CHARLOTTE FL 33952
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Richard W. Lenzner 1-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP [] DELETE	NAME RYNARD, NORMAN	1.1 TITLE [] Change [] Addition	
STREET ADDRESS 26310-A RAMPART BLVD.	CITY-ST-ZIP PORT CHARLOTTE FL 33983	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE SD [] DELETE	NAME FIRENICH, HERBERT	2.1 TITLE [] Change [] Addition	SD
STREET ADDRESS 26300-D RAMPART BLVD	CITY-ST-ZIP PORT CHARLOTTE FL 33983	2.2 NAME	FIRMENICH, HERBERT
		2.3 STREET ADDRESS	26290-D RAMPART BLVD
		2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE D [] DELETE	NAME SIEGEL, HAROLD	3.1 TITLE [] Change [] Addition	TD
STREET ADDRESS 2634-D RAMPART BLVD	CITY-ST-ZIP PORT CHARLOTTE FL 33983	3.2 NAME	SIEGEL, HAROLD
		3.3 STREET ADDRESS	26346-D RAMPART BLVD
		3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE TD [] DELETE	NAME CADMEN, CHARLENE M.	4.1 TITLE [] Change [] Addition	
STREET ADDRESS 26290-G RAMPART BLVD.	CITY-ST-ZIP PORT CHARLOTTE FL 33983	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D [] DELETE	NAME AURORA, VINCENT	5.1 TITLE [] Change [] Addition	DV
STREET ADDRESS 26272-D RAMPART BLVD.	CITY-ST-ZIP PORT CHARLOTTE FL 33983	5.2 NAME	AURORA, VINCENT
		5.3 STREET ADDRESS	26320-F RAMPART BLVD
		5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE [] DELETE	NAME	6.1 TITLE [] Change [] Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with a checkmark.

SIGNATURE: Norman Rynard Date 1-7-97 Daytime Phone # 0067725

CR2E037 (9/96)