

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24539 (1)**  
 1. Corporation Name  
**LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 4055 TAMiami TRAIL PORT CHARLOTTE FL 33952	Mailing Address 4055 TAMiami TRAIL PORT CHARLOTTE FL 33952
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3. Date incorporated or Qualified <b>01/27/1988</b>	
4. FEI Number <b>65-0127620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RYNARD, NORMAN	
STREET ADDRESS	26310-A RAMPART BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FIRMENICH, HERBERT	
STREET ADDRESS	26290-D RAMPART BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SIEGEL, HAROLD	
STREET ADDRESS	2634-D RAMPART BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	AURORA, VINCENT	
STREET ADDRESS	26320-F RAMPART BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD ETHEL HASTER
3.3 STREET ADDRESS	26282 A-RAMPART BLVD
3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DV SAMUEL POLICE
4.3 STREET ADDRESS	4900 NORTH WESTERN AVE
4.4 CITY-ST-ZIP	RACINE WI. 53406
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D GERALD PERSON
5.3 STREET ADDRESS	5611-220TH STREET-NORTH
5.4 CITY-ST-ZIP	FOREST LAKE MN. 55025
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 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 an address.

SIGNATURE: *Norman Rynard* **1/16/98** 941-743-3857

CR2E037 (10/97)