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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24539

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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2. Principal Place of Business 21 2200 Kings Highway 3J Suite, Apt. #, etc. 22 3J City & State 23 Port Charlotte, FL Zip 24 33980 25 US	2a. Mailing Address 26 P.O. Box 380758 Suite, Apt. #, etc. 27 City & State 28 Murdock, FL Zip 29 33938 30 US	3. Date Incorporated or Qualified 01/27/1988	4. FEI Number 65-0127620 Applied For Not Applicable	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
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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 Kristine Ingels 82 Street Address (P.O. Box Number is Not Acceptable) 2200 Kings Highway 3J 83 84 City Port Charlotte FL 85 Zip Code 33980
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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: Kristine Ingels, Kristine Ingels - Registered Agent DATE: 4/2/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RYNARD, NORMAN 26310-A RAMPART BLVD. PORT CHARLOTTE FL 33983	<input type="checkbox"/> DELETE	1.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Rynard, Norman 1.3 STREET ADDRESS Route One, Box 294 1.4 CITY-ST-ZIP Aiken, MN 56431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIRMENICH, HERBERT 26290-D RAMPART BLVD PT CHARLOTTE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HASTER, ETHEL 26282 A RAMPART BLVD PORT CHARLOTTE FL 33983	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Sam Fritz, Sam 3.3 STREET ADDRESS 26272 Rampart Blvd 3.4 CITY-ST-ZIP Punta Corda, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POLICE, SAMUEL 4900 NO WESTERN AVE RACINE WI 53406	<input type="checkbox"/> DELETE	4.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Police, Samuel 4.3 STREET ADDRESS 4900 Northwestern Ave 4.4 CITY-ST-ZIP Racine, WI 53406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSON, GERALD 5611 220TH ST NO FOREST LAKE MN 44025	<input type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Serra, John 6.3 STREET ADDRESS 14 Springdale Road 6.4 CITY-ST-ZIP Dracut, MA 02826

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, with all other like empowered.

SIGNATURE: Samuel Person DATE: 4/6/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)