2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N24539 Apr 19, 2000 8:00 am Secretary of State 1. Entity Name LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC. 04-19-2000 90082 018 ****61.25 Principal Place of Business Mailing Address PO BOX 380758 2200 KINGS HIGHWAY MURDOCK FL 33938-0758 PORT CHARLOTTE FL 33952 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0127620 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Kristine Wishard ddress (P.O. Box Number is Not Acceptable) 2200 Kings Highway, 3J INGELS. KRISTINE 22200 KINGS HIGHWAY 3J PORT CHARLOTTE FL 33952 City 339<u>80</u> Port Charlotte 8. 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 3/30/00 Signature typed or printed name of registered agent and title if applicable Agent (NOTE: Registered Agent signature required when reinstating) RTISTINE WISNARD, REGISTERED Agent 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution . FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. SD ☐ Addition TITLE ☐ Delete TITLE NAME NAME RYNARD, NORMAN STREET ADDRESS STREET ADDRESS RT. ONE BOX 294 CITY-ST-ZIP CITY-ST-ZIF AIKEN MN 56431 Delete Change X Addition TITLE TD TITLE Jeanne M. Snyder NAME NAME FRITZ, SAM STREET ADDRESS 26282-G Rampart Blvd STREET ADDRESS 26272-RAMPART BLVD CITY-ST-7IE CITY-ST-ZIP Punta Gorda, FL **PUNTA GORDA FL 33983** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PULICE, SAMUEL STREET ADDRESS STREET ADDRESS 4900 NORTHWESTERN AVE CITY-ST-ZIP CITY-ST-ZIF RACINE WI 53406 TITLE Delete TITLE Change X Addition NAME NAME POLICE, SAMUEL Robert DeCoste STREET ADDRESS STREET ADDRESS 41 Rykert St, #116 4900 NO WESTERN AVE CITY-ST-ZIP CITY-ST-7IP St. Catherines, Ontario Canada L2S 3A4 RACINE WI 53406 Delete TITLE Change Addition TITLE NAME NAME PERSON, GERALD STREET ADDRESS STREET ADDRESS 5611 220TH ST NO CITY-ST-ZIP CITY-ST-ZIP FOREST LAKE MN 44025 VPD☐ Delete TITLE X Change ☐ Addition TITLE SERRA, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 14 SPRINGDALE ROAD CITY-ST-ZIP CITY-ST-7IP DRACUT MA 02826 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Davtime Phone #

Date