

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90029 018 ****61.25

DOCUMENT # N24539

1. Entity Name

LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2200 KINGS HIGHWAY
 3J
 PORT CHARLOTTE FL 33952

Mailing Address

PO BOX 380758
 MURDOCK FL 33938

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4456 TAMiami TRAIL
 Suite, Apt. #, etc.
SUITE G

3. Mailing Address

4456 TAMiami TRAIL
 Suite, Apt. #, etc.
SUITE G

City & State

PORT CHARLOTTE -, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

65-0127620

Applied For

Not Applicable

Zip

33980

Country

US

Zip

33980

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WISHARD, KRISTINE
 2200 KINGS HWY 3J
 PORT CHARLOTTE FL 33980

7. Name and Address of New Registered Agent

Name **LENZNER, RICHARD W.**
 Street Address (P.O. Box Number is Not Acceptable)
4456 TAMiami TRAIL STE G
PORT CHARLOTTE, FL, 33980-0000
 City **FL** Zip Code

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.

SIGNATURE

Richard W. Lenzner
RICHARD W. LENZNER

3-14-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	SP	<input type="checkbox"/> Delete
NAME	RYNARD, NORMAN	
STREET ADDRESS	RT. ONE BOX 294	
CITY-ST-ZIP	AIKEN MN 56431	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SNYDER, JEANNE M	
STREET ADDRESS	26282-G RAMPART BLVD.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PULICE, SAMUEL	
STREET ADDRESS	4900 NORTHWESTERN AVE	
CITY-ST-ZIP	RACINE WI 53406	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECOSTE, ROBERT	
STREET ADDRESS	41 RYKERT ST. #116	
CITY-ST-ZIP	ST. CATHERINES, ONTARIO CN.	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERSON, GERALD	
STREET ADDRESS	5611 220TH ST NO	
CITY-ST-ZIP	FOREST LAKE MN 44025	
TITLE	D	<input type="checkbox"/> Delete
NAME	SERRA, JOHN	
STREET ADDRESS	14 SPRINGDALE ROAD	
CITY-ST-ZIP	DRACUT MA 02826	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISTEL, KATHLEEN	
STREET ADDRESS	26338D RAMPART BLVD.	
CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANNELLA, ROY S.	
STREET ADDRESS	26310A-RAMPART BLVD	
CITY-ST-ZIP	PUNTA GORDA, FL. 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 trustee 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.

SIGNATURE:

Samuel F. Pulice
SAMUEL F. PULICE - PD

3-14-01

941-764-1620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00103867