


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90074 037 \*\*\*\*61.25

|   |         |   |
|---|---------|---|
| <b>DOCUMENT # N24539</b>  |         |  |
| 1. Entity Name<br><b>LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC.</b>          |         |   |
| Principal Place of Business<br><b>26272 RAMPART BLVD<br/>PUNTA GORDA FL 33983</b> |         | Mailing Address<br><b>P.O. BOX 495947<br/>PORT CHARLOTTE FL 33949</b>             |
| 2. Principal Place of Business<br><i>Same as the above</i>                        |         | 3. Mailing Address<br><i>2200 Kings Hwy 3-L #43</i>                               |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |
| City & State  |         | City & State<br><i>Port Charlotte, Florida</i>                                    |
| Zip   | Country | Zip<br><i>33980</i> Country<br><i>USA U.S.</i>                                    |

**24022114**



MOORE CR2E037 (11/03)

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|--|--|---|
| 4. FEI Number<br><b>65-0127620</b>                             |  | Applied For<br><input type="checkbox"/> Not Applicable                              |
| 5. Certificate of Status Desired <input type="checkbox"/>      |  | <b>\$8.75</b> Additional Fee Required   |
| <b>6. Name and Address of Current Registered Agent</b>         |  | <b>7. Name and Address of New Registered Agent</b>                                  |
| PRICE, SHANNON<br>21506 MANATEE AVE<br>PORT CHARLOTTE FL 33952 |  | Name<br><i>DK Management Co Dana KOSTER</i>   |
|  |  | Street Address (P.O. Box Number is Not Acceptable)<br><i>2200 Kings Hwy 3-L #43</i> |
|  |  | City<br><i>Port Charlotte</i> FL Zip Code<br><i>33983</i>                           |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Wright - manager* DATE *3-10-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PULICE, SAMUEL<br>4900 NORTH WESTERN AVE<br>RACINE WI 53406 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PP<br>WRIGHT, DAVID<br>26346 D RAMPART BLVD<br>Punta Gorda, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>SERRA, JOHN<br>14 SPRINGDALE ROAD<br>DRACUT MA 01826 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Wetzler, Keith<br>26310 D RAMPART BLVD<br>Punta Gorda, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>DISTEL, KATHLEEN<br>262 S LASALLE GARDENS<br>LANSING MI 48912 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SEC.<br>Webster, Marie<br>26300 F Rampart Blvd<br>Punta Gorda, FL 33983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DECOSTE, BOB<br>365 COENEVA STREET #801<br>ST CATHERINE, ONTARIO <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEBBER, MELVIN<br>26290 G RAMPART BLVD<br>PUNTA GORDA FL 33983 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREASURER<br>← SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: *David Wright* DAVID WRIGHT PRESIDENT 3-10-04 9416246193  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #