


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90112 042 \*\*\*\*61.25

**DOCUMENT # N24539**

1. Entity Name  
**LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**26272 RAMPART BLVD  
 PUNTA GORDA, FL 33983**

Mailing Address  
**2200 KINGS HWY 3-L #43  
 PORT CHARLOTTE, FL 33980 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

05022005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0127620**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DK MANAGEMENT  
 C/O DANA KOSTER  
 2200 KINGS HWY 3-L #43  
 PORT CHARLOTTE, FL 33983**

**7. Name and Address of New Registered Agent**

Name **DK Management c/o DANA KUSTER**

Street Address (P.O. Box Numbers Not Acceptable)

**← SAME**

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

SIGNATURE *[Signature]* **DANA KUSTER** DATE **5-2-05**

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

**Filing Fee is \$61.25  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, DAVID 26346 D RAMPART BLVD PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WETZLER, KEITH 26310 D RAMPART BLVD PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBSTER, MARIE 26300 F RAMPART BLVD PUNTA GORDA, FL 33983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBBER, MELVIN 26290 G RAMPART BLVD PUNTA GORDA, FL 33983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (T) Wright, David 26346 D Rampart Blvd Punta Gorda, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(S) Secretary KARR, James 26300 D Rampart Blvd Punta Gorda, FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(P) WEBBER, MELVIN 26290 G Rampart Blvd Punta Gorda FL 33983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Connellan, Micheal 26300 C Rampart Blvd Punta Gorda, FL 33983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *[Signature]* **Keith Wetzler** DATE: **5/2/05** DAYTIME PHONE #: **941 743 344**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR