


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # N24539
1. Entity Name
LAKE RID 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 | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

1st MOORE CR2E037 (10/05)
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 KUSTER
2200 KINGS HWY 3-L #43
PORT CHARLOTTE FL 33983**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000491744
04/19/06-80033-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 officers empowered.

Chas. M. ... NEVIN E. LIEBERER 3/24/06 941