

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90020 032 \*\*\*\*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

40024100



**DO NOT WRITE IN THIS SPACE**

02062008 No Chg-NP CR2E037 (4/06)

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

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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]* registered agent DATE: 2-8-08

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CORRIGAN, JOSEPH
STREET ADDRESS	26320 E RAMPART BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	D
NAME	WETZLER, KEITH
STREET ADDRESS	26310 D RAMPART BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	S
NAME	ZACCAGNINO, LENEORD
STREET ADDRESS	26320 F RAMPART BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	T
NAME	GUARDINO, JOSEPH
STREET ADDRESS	24 HIGH STREET
CITY-ST-ZIP	EAST WILLISTON PARK, NY 11596
TITLE	D
NAME	CONNELLAN, MICHAEL <i>DELETE</i>
STREET ADDRESS	26300 C RAMPART BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33983
TITLE	P
NAME	WEBBER, MELVIN
STREET ADDRESS	26290 G RAMPART BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33983

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.

SIGNATURE: *[Signature]* Director DATE: 2/7/08 941 Daytime Phone # 743-3441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #