

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90140 013 ****61.25

DOCUMENT # N24539

1. Entity Name

LAKE RIO TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4456 TAMiami TRAIL, STE. A-9
PORT CHARLOTTE FL 33980**

Mailing Address

**4456 TAMiami TRAIL, STE. A-9
PORT CHARLOTTE FL 33980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 495947

Suite, Apt. #, etc.

P.O. Box 495947

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33949

Country

Zip

33949

Country

4. FEI Number **65-0127620**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WENZNER, RICHARD W
4456 TAMiami TRAIL, STE. A-9
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

Name

Shannon Price

Street Address (P.O. Box Number is Not Acceptable)

21506 Manatee Ave

City

Port Charlotte

FL

Zip Code

33752

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

Shannon Price Shannon Price, Manager

2/11/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SP	DISTEL, KATHLEEN	26338 D RAMPART BLVD.	PUNTA GORDA FL 33983	<input type="checkbox"/>
TD	SANNELLA, ROY S	26310 A RAMPART BLVD.	PUNTA GORDA FL 33983	<input checked="" type="checkbox"/>
PD	PULICE, SAMUEL	4900 NORTHWESTERN AVE	RACINE WI 53406	<input type="checkbox"/>
D	DECOSTE, ROBERT	41 RYKERT ST. #116	ST. CATHERINES, ONTARIO CN.	<input type="checkbox"/>
D	FISCHER, RICHARD J	26272 F RAMPART BLVD.	PUNTA GORDA FL 33983	<input type="checkbox"/>
D	SERRA, JOHN	14 SPRINGDALE ROAD	DRACUT MA 02826	<input type="checkbox"/>

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

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:

Shannon Price

2/11/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)