

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

*Amundson*

07-07-2003 90308 011 \*\*\*\*\*61.25


FILED N24539

03 JUL -9 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N24539**

1. Entity Name  
**LAKE RIO Townhomes Homeowners Association, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**26272 Rampart Blvd**

3. Mailing Address  
**P.O. Box 495947**

Suite, Apt. #, etc.

City & State  
**Punta Gorda, FL**

City & State  
**Port Charlotte, FL**

Zip  
**33983**

Country  
**USA**

Zip  
**33949**

Country  
**USA**

4. FEI Number  
**65-0127620**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Shannon Price**

Street Address (P.O. Box Number is Not Acceptable)  
**21506 Manatee Ave**

City  
**Port Charlotte**

State  
**FL**

Zip Code  
**33952**

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** **4/30/03**

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

**FEE IS \$61.25**  
Initial or Amended UBR

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	<b>PD Samuel Pulice 4900 Northwestern Ave. RACINE, WI 53404</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD John Serra 14 Springdale Road DARCENT, MA 01826</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Kathleen Distel 2625 LASALLE GARDENS LANSING, MI 48912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bob Decoste 365 Geneva Street #801 St. Catharines, Ont CANADA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Melvin Webber 26290 G RAMPART BLVD. PUNTA GORDA, FL 33983</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other as empowered.

SIGNATURE: *[Signature]* **7/2/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037B (12/02)