

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743085 (3)

1. Corporation Name

LAKE WEIR SHORES NUMBER (3) INC.



Principal Place of Business

BOX 1686  
BELLEVUE FL 34421

Mailing Address

BOX 1686  
BELLEVUE FL 34421

3. Date Incorporated or Qualified  
06/01/1978

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip

4. FEI Number  
59-1816533

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

LA FLEUR, LAWRENCE N  
10380 S E 148TH PLACE  
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME BROWN, HAROLD  
STREET ADDRESS 4700 SE HWY 42  
CITY - ST - ZIP SUMMERFIELD FL

TITLE D  
NAME LAFLEUR, LAWRENCE  
STREET ADDRESS 10380 S.E. 148TH PLACE  
CITY - ST - ZIP SUMMERFIELD FL

TITLE S  
NAME LA FLEUR, DOLORES J.  
STREET ADDRESS 10380 SE 148TH PLACE  
CITY - ST - ZIP SUMMERFIELD FL

TITLE P  
NAME ANTLE, MELBA  
STREET ADDRESS 10495 SE 149TH ST  
CITY - ST - ZIP SUMMERFIELD FL

TITLE D  
NAME CANNON, ARTHUR  
STREET ADDRESS 14840 SE 103 AVE.  
CITY - ST - ZIP SUMMERFIELD FL

TITLE T  
NAME BROWN, MARGUERITE  
STREET ADDRESS 4700 SE HWY 42  
CITY - ST - ZIP SUMMERFIELD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P  
12 NAME BROWN, HAROLD  
13 STREET ADDRESS 4700 SE HWY 42  
14 CITY - ST - ZIP SUMMERFIELD FL

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE VP  
42 NAME ALLEN, CAROLYN  
43 STREET ADDRESS 10363 SE 149th LN  
44 CITY - ST - ZIP SUMMERFIELD FL

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold Brown x  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

904 347 3847

(Date)

Daytime Phone #

CR2E037 (12/95)