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FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34421-16863. Date Incorporated or Qualified
06/01/19783a. Date of Last Report
04/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1816533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 FLTITLE D
NAME LAFLEUR, LAWRENCE
STREET ADDRESS 10380 S.E. 148TH PLACE
CITY - ST - ZIP SUMMERFIELD FLTITLE S
NAME LA FLEUR, DOLORES J.
STREET ADDRESS 10380 SE 148TH PLACE
CITY - ST - ZIP SUMMERFIELD FLTITLE P
NAME BROWN, HAROLD
STREET ADDRESS 4700 SW HWY 42
CITY - ST - ZIP SUMMERFIELD FLTITLE D
NAME CANNON, ARTHUR
STREET ADDRESS 14840 SE 103 AVE.
CITY - ST - ZIP SUMMERFIELD FLTITLE T
NAME BROWN, MARGUERITE
STREET ADDRESS 4700 SE HWY 42
CITY - ST - ZIP SUMMERFIELD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE P
2.2 NAME La Fleur, Lawrence
2.3 STREET ADDRESS 10380 SE 148 Place
2.4 CITY - ST - ZIP Summerfield, FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE D
4.2 NAME Allen, Carolyn
4.3 STREET ADDRESS 10363 149 lane
4.4 CITY - ST - ZIP Summerfield, FL5.1 TITLE D
5.2 NAME Owens, Cindy
5.3 STREET ADDRESS 10482 SE 148 Street
5.4 CITY - ST - ZIP Summerfield, FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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 REQ Harold E Brown 3/5/97 352-347 3847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0084904

CR2E037 (9/96)