


FILE NOW: FILING FEE IS \$61.25

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90218 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 743085					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/01/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1816533	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LA FLEUR, LAWRENCE N 10380 S E 148TH PLACE SUMMERFIELD FL 34491				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE VP <input type="checkbox"/> DELETE NAME BROWN, HAROLD STREET ADDRESS 4700 SE HWY 42 CITY-ST-ZIP SUMMERFIELD FL				1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Maiellaro, Mark 1.3 STREET ADDRESS 14838 SE 106 Ave. 1.4 CITY-ST-ZIP Summerfield, FL 34491			
TITLE P <input type="checkbox"/> DELETE NAME LAFLEUR, LAWRENCE STREET ADDRESS 10380 S.E. 148TH PLACE CITY-ST-ZIP SUMMERFIELD FL				2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME La Fleur, Lawrence 2.3 STREET ADDRESS 10380-SE-148-Place 2.4 CITY-ST-ZIP Summerfield, FL 34491			
TITLE S <input type="checkbox"/> DELETE NAME LA FLEUR, DOLORES J. STREET ADDRESS 10380 SE 148THPLACE CITY-ST-ZIP SUMMERFIELD FL				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE NAME ALLEN, CAROLYN STREET ADDRESS 10363 149 LANE CITY-ST-ZIP SUMMERFIELD FL				4.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Allen, Carolyn 4.3 STREET ADDRESS 10363 149 Lane 4.4 CITY-ST-ZIP Summerfield, FL 34491			
TITLE D <input type="checkbox"/> DELETE NAME OWENS, CINDY STREET ADDRESS 10482 SE 148 STREET CITY-ST-ZIP SUMMERFIELD FL				5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Cannon, Arthur 5.3 STREET ADDRESS 14820 SE 103 Ave. 5.4 CITY-ST-ZIP Summerfield, FL 34491			
TITLE T <input checked="" type="checkbox"/> DELETE NAME BROWN, MARGUERITE STREET ADDRESS 4700 SE HWY 42 CITY-ST-ZIP SUMMERFIELD FL				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Dolores J. La Fleur SIGNATURE: La Fleur 4-12-99 352-288-2987
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2007 11/01/01