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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766780 (1)**

1. Corporation Name  
**LAKE WEIR GARDENS PROPERTY OWNERS ASSOCIATION, I NC.**



Principal Place of Business <b>11893 SE 74TH TERR P. O. BOX 2232 BELLEVIEW FL 34420</b>	Mailing Address <b>P.O. BOX 2232 BELLEVIEW FL 34421-2232 US</b>
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3. Date Incorporated or Qualified <b>02/01/1983</b>	3a. Date of Last Report <b>03/15/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ALLEMEIER, BERRY J 11893 S.E. 74TH TERR. BELLEVIEW FL 34420</b>				10. Name and Address of New Registered Agent			
				81 Name <b>ALLEMEIER, BETTY J.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b>	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 <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALLEMEIER, BERRY J</b>		1.2 NAME <b>ALLEMEIER, BETTY J.</b>	
STREET ADDRESS <b>11893 SE 74TH TERR.</b>		1.3 STREET ADDRESS <b>11893 SE 74 TERR.</b>	
CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>		1.4 CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BYRD, NORMA M</b>		2.2 NAME <b>MESSNER, ARLENE</b>	
STREET ADDRESS <b>7275 SE 120 LN</b>		2.3 STREET ADDRESS <b>11705 SE 7 1/2 CT RD</b>	
CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>		2.4 CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MASKELL, VIRGINIA</b>		3.2 NAME <b>TRUDELL, AUDREY</b>	
STREET ADDRESS <b>11777 SE 71ST TERR. RD.</b>		3.3 STREET ADDRESS <b>12107 SE 70 AVE RD</b>	
CITY-ST-ZIP <b>BELLEVIEW FL</b>		3.4 CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>	
TITLE <b>DC</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CAMPANY, GRACE</b>		4.2 NAME <b>RIESEN, ERNEST</b>	
STREET ADDRESS <b>11814 SE 72 TERR. RD.</b>		4.3 STREET ADDRESS <b>11835 SE 70 AVE RD</b>	
CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>		4.4 CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JORDAN, REBA</b>		5.2 NAME <b>ALLEMEIER, HAROLD</b>	
STREET ADDRESS <b>11852 SE 71ST CT</b>		5.3 STREET ADDRESS <b>11893 SE 74 TERR.</b>	
CITY-ST-ZIP <b>BELLEVIEW FL</b>		5.4 CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GARLOCK, RICHARD</b>		6.2 NAME <b>COWAN, ROBERT</b>	
STREET ADDRESS <b>11755 SE 71 CT</b>		6.3 STREET ADDRESS <b>12146 SE 74 TERR</b>	
CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>		6.4 CITY-ST-ZIP <b>BELLEVIEW FL 34420</b>	

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: *Ernest Riesen* **ERNEST RIESEN** 1-12-97 352 347 7895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064910  
TREAS.

CPRE037 (9/96)