

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 JAN 27 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **766780** (1)

1. Corporation Name

LAKE WEIR GARDENS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11893 SE 74TH TERR
P. O. BOX 2232
BELLEVUE FL 34420**

**P.O. BOX 2232
BELLEVUE FL 34421-2232
US**



3. Date Incorporated or Qualified **02/01/1983** 3a. Date of Last Report **03/15/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
23	28		
Zip	Country		
24	29		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEMEIER, BERRY J
11893 S.E. 74TH TERR.
BELLEVUE FL 34420**

81 Name	ALLEMEIER, BETTY J.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEMEIER, BERRY J	1.2 NAME	ALLEMEIER, BETTY J.
STREET ADDRESS	11893 SE 74TH TERR.	1.3 STREET ADDRESS	11893 SE 74TH TERR.
CITY-ST-ZIP	BELLEVUE FL 34420	1.4 CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRD, NORMA M	2.2 NAME	MESSNER, ARLENE
STREET ADDRESS	7275 SE 120 LN	2.3 STREET ADDRESS	11705 SE 72 CT RD
CITY-ST-ZIP	BELLEVUE FL 34420	2.4 CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASKELL, VIRGINIA	3.2 NAME	TRUDELL, AUDREY
STREET ADDRESS	11777 SE 71ST TERR. RD.	3.3 STREET ADDRESS	12107 SE 70 AVE RD
CITY-ST-ZIP	BELLEVUE FL	3.4 CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPANY, GRACE	4.2 NAME	RIESEN, ERNEST
STREET ADDRESS	11814 SE 72 TERR. RD.	4.3 STREET ADDRESS	11835 SE 70 AVE RD
CITY-ST-ZIP	BELLEVUE FL 34420	4.4 CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, REBA	5.2 NAME	ALLEMEIER, HAROLD
STREET ADDRESS	11852 SE 71ST CT	5.3 STREET ADDRESS	11893 SE 74TH TERR.
CITY-ST-ZIP	BELLEVUE FL	5.4 CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARLOCK, RICHARD	6.2 NAME	COWAN, ROBERT
STREET ADDRESS	11755 SE 71 CT	6.3 STREET ADDRESS	12146 SE 74TH TERR
CITY-ST-ZIP	BELLEVUE FL 34420	6.4 CITY-ST-ZIP	BELLEVUE FL 34420

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 TREAS. Date Daytime Phone # 0064010

CR2E037 (9/96)