

FILE NOW: FILING FEE IS \$61.25

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**Jan 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 11893 SE 74TH TERR P. O. BOX 2232 BELLEVUE FL 34420	Mailing Address P.O. BOX 2232 BELLEVUE FL 34420 US
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3. Date Incorporated or Qualified 02/01/1983	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	ALLEMEIER, BETTY J
STREET ADDRESS	11893 SE 74TH TERR.
CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	DVP <input type="checkbox"/> DELETE
NAME	MESSNER, ARLENE
STREET ADDRESS	11705 SE 72 CT RD
CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	S <input type="checkbox"/> DELETE
NAME	TRUDELL, AUDREY
STREET ADDRESS	12107 SE 70 AVE RD
CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	DC <input type="checkbox"/> DELETE
NAME	CAMPANY, GRACE
STREET ADDRESS	11614 SE 72 TERR. RD.
CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	D <input type="checkbox"/> DELETE
NAME	ALLEMEIER, HAROLD
STREET ADDRESS	11893 SE 74 TERR
CITY-ST-ZIP	BELLEVUE FL 34420
TITLE	D <input type="checkbox"/> DELETE
NAME	COWAN, ROBERT
STREET ADDRESS	12146 SE 74 TERR
CITY-ST-ZIP	BELLEVUE FL 34420

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TRIESEN, ERNEST
1.3 STREET ADDRESS	11835 SE 70 th AVE RD
1.4 CITY-ST-ZIP	BELLEVUE, FL 34420
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

SIGNATURE: *Ernest Triesen* 1-5-98 202 310 #001

CR2E037 (10/97)