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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90004 047 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766780**

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

115564 90004 47



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/01/1983

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

**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 *Ernest Riesen*

*ERNEST RIESEN*

*Jan 4, 1999*

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	DP	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	TRUDELL, AUDREY	
STREET ADDRESS	12107 SE 70 AVE RD	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	DC	<input checked="" 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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DON CURTIS	
1.3 STREET ADDRESS	12133 SE 72 CT RD	
1.4 CITY-ST-ZIP	BELLEVUE FL 34420	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ERNEST RIESEN	
2.3 STREET ADDRESS	11835 SE 70 AVE RD	
2.4 CITY-ST-ZIP	BELLEVUE FL 34420	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BETTY ALLEMEIER	
3.3 STREET ADDRESS	11893 SE 74 TERR	
3.4 CITY-ST-ZIP	BELLEVUE FL 34420	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HAROLD ALLEMEIER	
4.3 STREET ADDRESS	11893 SE 74 TERR	
4.4 CITY-ST-ZIP	BELLEVUE FL 34420	
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, with all other like empowered.

SIGNATURE:

*Ernest Riesen*

Date

*1-4-99 352 347 7895*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)