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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, INC.

115564 90004 47

Principal Place of Business

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

Mailing Address

P.O. BOX 2232
 BELLEVIEW FL 34420
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/01/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing	
24 25		29 30		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ALLEMEIER, BETTY J
 11893 S.E. 74TH TERR.
 BELLEVIEW 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

FL

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 DATE Jan 4, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEMEIER, BETTY J	1.2 NAME	DON CURTIS
STREET ADDRESS	11893 SE 74TH TERR.	1.3 STREET ADDRESS	12133 SE 72 CT RD
CITY-ST-ZIP	BELLEVIEW FL 34420	1.4 CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MESSNER, ARLENE	2.2 NAME	ERNEST RIESEN
STREET ADDRESS	11705 SE 72 CT RD	2.3 STREET ADDRESS	11835 SE 70 AVE RD
CITY-ST-ZIP	BELLEVIEW FL 34420	2.4 CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUDELL, AUDREY	3.2 NAME	BETTY ALLEMEIER
STREET ADDRESS	12107 SE 70 AVE RD	3.3 STREET ADDRESS	11893 SE 74 TERR
CITY-ST-ZIP	BELLEVIEW FL 34420	3.4 CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	DC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPANY, GRACE	4.2 NAME	HAROLD ALLEMEIER
STREET ADDRESS	11614 SE 72 TERR. RD.	4.3 STREET ADDRESS	11893 SE 74 TERR
CITY-ST-ZIP	BELLEVIEW FL 34420	4.4 CITY-ST-ZIP	BELLEVIEW FL 34420
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ALLEMEIER, HAROLD	5.2 NAME	
STREET ADDRESS	11893 SE 74 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	COWAN, ROBERT	6.2 NAME	
STREET ADDRESS	12146 SE 74 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL 34420	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 ERNEST RIESEN Date 1-4-99 Daytime Phone # 352 347 7895

CR2E037 (1/198)