

DOCUMENT # 766780

1. Entity Name

LAKE WEIR GARDENS PROPERTY OWNERS ASSOCIATION, I

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90050 031 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 11893 SE 74TH TERR, P. O. BOX 2232, BELLEVIEW FL 34420
Mailing Address: P.O. BOX 2232, BELLEVIEW FL 34421-2232, US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: ALLEMEIER, BETTY J, 11893 S.E. 74TH TERR, BELLEVIEW FL 34420

7. Name and Address of New Registered Agent: Name, Street Address, City, State (FL), Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: P CURTIS, DON; DVP MESSNER, ARLENE; T RIESEN, ERNEST; S ALLEMEIER, BETTY; D ALLEMEIRER, HAROLD; D COWAN, ROBERT.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row includes: PRESIDENT VIOSKI, JOE, 12106 SE 72 TERR. RD, BELLEVIEW, FL 34420.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernest Riesen ERNEST RIESEN 1-7-00 352 347 7895
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)