

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767757** (8)  
1. Corporation Name  
**LAKE WEIR HARBOR ESTATES ASSOCIATION, INC.**



Principal Place of Business <b>MYRTLE S. BILLIARD 15250 SE 164TH COURT SUMMERFIELD FL 34491 US</b>	Mailing Address <b>MYRTLE S. BILLIARD 15250 SE 104TH CT SUMMERFIELD FL 34491 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip Country <b>28</b>		3. Date Incorporated or Qualified <b>03/30/1983</b>	3a. Date of Last Report <b>03/26/1996</b>
		4. FEI Number <b>59-2965490</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		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			

9. Name and Address of Current Registered Agent <b>MYRTLE S. BILLIARD 15250 SE 104TH CT SUMMERFIELD FL 34491</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number Is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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 MYRTLE S. BILLIARD Myrtle S. Billiard 7-18-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILLIARD, MYRTLE			1.2 NAME	BERT DEGOLIER		
STREET ADDRESS	15250 SE 104 CT.			1.3 STREET ADDRESS	15191 SE 103 <sup>rd</sup> TERRACE		
CITY-ST-ZIP	SUMMERFIELD FL			1.4 CITY-ST-ZIP	SUMMERFIELD, FL. 34491		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TODD, GRACE			2.2 NAME	HAL NIEMILLER		
STREET ADDRESS	15110 SE 103RD AVE			2.3 STREET ADDRESS	15131 SE 103 <sup>rd</sup> AVE		
CITY-ST-ZIP	SUMMERFIELD FL			2.4 CITY-ST-ZIP	SUMMERFIELD FL. 34491		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BILLIARD, MYRTLE			3.2 NAME			
STREET ADDRESS	15250 SE 104TH CT			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENNYPACKER, JUNE			4.2 NAME	BETTY NIEMILLER		
STREET ADDRESS	15110 SE 103RD TERR			4.3 STREET ADDRESS	15131 SE 103 <sup>rd</sup> Ave		
CITY-ST-ZIP	SUMMERFIELD FL			4.4 CITY-ST-ZIP	SUMMERFIELD FL. 34491		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, ARDEN			5.2 NAME			
STREET ADDRESS	15210 SE 103RD TERRACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNN, DALE			6.2 NAME			
STREET ADDRESS	15091 SE 104TH CT			6.3 STREET ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL			6.4 CITY-ST-ZIP			

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 Myrtle S. Billiard SIGNATURE REQUIRED 7-18-97 350 188 4 117

CR2E037 (4/97)