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FILED
Jan 21 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 # **767757** (8)

1. Corporation Name

LAKE WEIR HARBOR ESTATES ASSOCIATION, INC.



Principal Place of Business MYRTLE S. BILLIARD 15250 SE 164TH COURT SUMMERFIELD FL 34491 US		Mailing Address MYRTLE S. BILLIARD 15250 SE 104TH CT SUMMERFIELD FL 34491 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/30/1983	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2965490	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	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
23 Zip	28 Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country	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

10. Name and Address of New Registered Agent

MYRTLE S. BILLIARD
15250 SE 104TH CT
SUMMERFIELD FL 34491

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

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGOLYER, BERT	1.2 NAME	
STREET ADDRESS	15191 SE 103RD TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, GRACE	2.2 NAME	
STREET ADDRESS	15110 SE 103RD AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP	
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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMILLER, BETTY	4.2 NAME	
STREET ADDRESS	15131 SE 103RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	
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 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** *Myrtle S. Billiard* 1-8-97 352-288-4112

CF2E037 (10/97)