

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90092 035 ****61.25

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DOCUMENT # 767757

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/30/1983

4. FEI Number

59-2965490

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE V
NAME DEGOLYER, BERT
STREET ADDRESS 15191 SE 103RD TERRACE
CITY-ST-ZIP SUMMERFIELD FL

TITLE D ☐ DELETE

NAME TODD, GRACE
STREET ADDRESS 15110 SE 103RD AVE
CITY-ST-ZIP SUMMERFIELD FL

TITLE P ☐ DELETE

NAME BILLIARD, MYRTLE
STREET ADDRESS 15250 SE 104TH CT
CITY-ST-ZIP SUMMERFIELD FL

TITLE S ☐ DELETE

NAME NIEMILLER, BETTY
STREET ADDRESS 15131 SE 103RD AVE
CITY-ST-ZIP SUMMERFIELD FL

TITLE D ☐ DELETE

NAME DAVIS, ARDEN
STREET ADDRESS 15210 SE 103RD TERRACE
CITY-ST-ZIP SUMMERFIELD FL

TITLE T ☒ DELETE

NAME LYNN, DALE
STREET ADDRESS 15091 SE 104TH CT
CITY-ST-ZIP SUMMERFIELD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Hal Niemiller
15131 SE 103RD Ave
Summerfield FL

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)