FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08856 (9)

1. Corporation Name

LITTLE LAKE WEIR SUBDIVISION HOME OWNER'S ASSOCIATION OF SUMMERFIELD, FLORIDA INC.

Principal Place of Business	Mailing Address
9385 SE 143RD PL SUMMERFIELD FL 34491 US	14290 SE 87th Terr Rd. SUMMERFIELD FL 34491 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1985
3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-2883062 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 14290 SE 87th Terr.Rd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Summerfield,Fl.
Zip 24 / Country 25	Zip 29 34491 / Country 30 Marion

9. Name and Address of Current Registered Agent

WILLIAMSON, MYRL
9385 S E 143RD PLACE
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81 Name: Newman Raymond W
82 Street Address (P.O. Box Number is Not Acceptable): 14290 SE 87th Terr Rd
83
84 City: Summerfield FL 85 Zip Code: 34491

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Raymond W. Newman President 3-30-1995
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	D	1.1 TITLE	President	☒ Change ☐ Addition
NAME	MILLER, MARY	1.2 NAME	Raymond W. Newman	
STREET ADDRESS	14481 S E 80TH AVE	1.3 STREET ADDRESS	14290 SE 87th Terr. Rd.	
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	Summerfield, Fl. 34491	
TITLE	P	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	WILLIAMSON, MYRL	2.2 NAME	Leslie Bush	
STREET ADDRESS	9385 S E 143RD PLACE	2.3 STREET ADDRESS	9280 SE 142nd Place	
CITY-ST-ZIP	SUMMERFIELD FL	2.4 CITY-ST-ZIP	Summerfield Fl. 34491	
TITLE	S	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	LACLAIRE, WAYNE	3.2 NAME	Doris DeGroff	
STREET ADDRESS	14560 SE 91ST TERRACE	3.3 STREET ADDRESS	8882 SE 144th Lane	
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	Summerfield, Fl. 34491	
TITLE	T	4.1 TITLE	Treasurer	☐ Change ☐ Addition
NAME	PINKSTAFF, BERNICE	4.2 NAME	Bernice Pinkstaff	
STREET ADDRESS	14088 SE 93RD AVE	4.3 STREET ADDRESS	14088 SE. 93rd Ave.	
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	Summerfield, Fl. 34491	
TITLE	D	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	NEWMAN, RAYMOND	5.2 NAME	Hammond. Bill	
STREET ADDRESS	14290 SE 87TH TERRACE Rd	5.3 STREET ADDRESS	14225 SE.93rd Ct.	
CITY-ST-ZIP	SUMMERFIELD FL	5.4 CITY-ST-ZIP	Summerfield, Fl. 34991	
TITLE	D	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	SMITH, MASON	6.2 NAME	McKeon, Ronald	
STREET ADDRESS	14405 SE 90TH CT	6.3 STREET ADDRESS	9164 SE 146th st.,	
CITY-ST-ZIP	SUMMERFIELD FL	6.4 CITY-ST-ZIP	Summerfield, Fl. 34491	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Raymond W Newman 3-30-95 904 245 5553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #