

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N08856 (9)

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



Principal Place of Business  
9385 SE 143RD PL  
SUMMERFIELD FL 34491  
US

Mailing Address  
14290 SE 87TH TERRACE RD.  
SUMMERFIELD FL 34491  
US

3. Date Incorporated or Qualified 04/22/1985  
3a. Date of Last Report 04/20/1995

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

4. FEI Number 59-2883082  
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
NEWMAN, RAYMOND W  
14290 SE 87TH TERRACE ROAD  
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 reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P NEWMAN, RAYMOND W 14290 SE 87TH TERR. RD. SUMMERFIELD FL	1.1 TITLE	D LACLAIRE, Theda 14560 SE 91ST TERRACE SUMMERFIELD FL 34491
NAME	VP BUSH, LESUE 9280 SE 142ND PLACE SUMMERFIELD FL	1.2 NAME	D LACLAIRE, CARROLL 9215 SE 143RD PLACE SUMMERFIELD FL 34491
STREET ADDRESS	S DEGROFF, DORIS 8882 SE 144TH LANE SUMMERFIELD FL	1.3 STREET ADDRESS	D STANLEY, Leigh 14542 SE 91ST CT SUMMERFIELD FL 34491
CITY-ST-ZIP	T PINKSTAFF, BERNICE 14088 SE 93RD AVE SUMMERFIELD FL	1.4 CITY-ST-ZIP	
	D HAMMOND, BILL 14225 SE 93RD COURT SUMMERFIELD FL	2.1 TITLE	
	D MCKEON, RONALD 9164 SE 146TH ST. SUMMERFIELD FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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)(k), 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 Newman RAYMOND NEWMAN 3/12/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)