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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

9385 SE 143RD PL  
SUMMERFIELD FL 34491  
US14290 SE 87TH TERRACE RD.  
SUMMERFIELD FL 34491-3400  
US3. Date Incorporated or Qualified  
04/22/19853a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, RAYMOND W  
14290 SE 87TH TERRACE ROAD  
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 P ☒ DELETE  
NAME NEWMAN, RAYMOND W  
STREET ADDRESS 14290 SE 87TH TERR. RD.  
CITY-ST-ZIP SUMMERFIELD FL1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME LaCLAIRE, WAYNE  
1.3 STREET ADDRESS 14560 SE 91ST TERRACE  
1.4 CITY-ST-ZIP SUMMERFIELD, FL 34491 ☒ Change ☐ AdditionTITLE VP ☒ DELETE  
NAME BUSH, LESLIE  
STREET ADDRESS 9280 SE 142ND PLACE  
CITY-ST-ZIP SUMMERFIELD FL2.1 TITLE VP  
2.2 NAME NEWMAN, RAYMOND  
2.3 STREET ADDRESS 14290 SE 87TH TERR. RD  
2.4 CITY-ST-ZIP SUMMERFIELD, FL 34491 ☒ Change ☐ AdditionTITLE S ☐ DELETE  
NAME DEGROFF, DORIS  
STREET ADDRESS 8882 SE 144TH LANE  
CITY-ST-ZIP SUMMERFIELD FL3.1 TITLE S ☒ Change ☐ Addition  
3.2 NAME HAVEMAN, DORIS  
3.3 STREET ADDRESS 8870 SE 143rd. LANE  
3.4 CITY-ST-ZIP SUMMERFIELD, FL 34491 ☐ Change ☐ AdditionTITLE T ☐ DELETE  
NAME PINKSTAFF, BERNICE  
STREET ADDRESS 14088 SE 93RD AVE  
CITY-ST-ZIP SUMMERFIELD FL4.1 TITLE T ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME LACLAIRE, THEDA  
STREET ADDRESS 14560 SE 91ST TERRACE  
CITY-ST-ZIP SUMMERFIELD FL5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME McCALLUM, BRUCE  
5.3 STREET ADDRESS 9310 SE 141ST. LANE  
5.4 CITY-ST-ZIP SUMMERFIELD, FL 34491 ☐ Change ☐ AdditionTITLE D ☐ DELETE  
NAME MCKEON, RONALD  
STREET ADDRESS 9184 SE 148TH ST.  
CITY-ST-ZIP SUMMERFIELD FL6.1 TITLE D  
6.2 NAME  
6.3 STREET ADDRESS  
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: *Wayne G. LaClaire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE G. LaCLAIRE 2/21/97 0086175

(852) 245-5532

CR2E037 (9/96)