

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N08856

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90103 006 \*\*\*\*61.25

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2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/22/1985

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

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

*Raymond W Newman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VP

STREET ADDRESS NEWMAN, RAYMOND W

CITY-ST-ZIP 14290 SE 87TH TERR. RD.

SUMMERFIELD FL

TITLE ☐ DELETE

NAME P

STREET ADDRESS LACLAIRE, WAYNE

CITY-ST-ZIP 14560 SE 91ST TERR

SUMMERFIELD FL

TITLE ☐ DELETE

NAME S

STREET ADDRESS HAVEMAN, DORIS

CITY-ST-ZIP 8870 SE 143RD LN

SUMMERFIELD FL

TITLE ☒ DELETE

NAME T

STREET ADDRESS ~~1400 SE 13RD AVE~~

CITY-ST-ZIP ~~SUMMERFIELD FL~~

TITLE ☐ DELETE

NAME D

STREET ADDRESS MCCALLUM, BRUCE

CITY-ST-ZIP 9310 SE 141ST LN

SUMMERFIELD FL

TITLE ☐ DELETE

NAME D

STREET ADDRESS MCKEON, RONALD

CITY-ST-ZIP 9164 SE 146TH ST.

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-245-5532

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