

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PH 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012378 (3)

1. Corporation Name

LAKE WEIR RETIREMENT VILLAGE, INC.

Principal Place of Business

Mailing Address

12195 S.E. 135TH AVE.
OCKLAWAHA FL 32179

P.O. BOX 877
OCKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/09/1994

4. FEI Number

Applied For

59-3257366

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

7. This corporation has liability for intangible tax under S. 193.052,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

*9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOAN, MARILYN J
12195 S.E. 135TH AVE.
OCKLAWAHA FL 32179

81 Name

RONALD H GRIFFOR

82 Street Address (P.O. Box Number is Not Acceptable)

13550 SE 122ND PL

83

84 City

OCKLAWAHA

FL

85 Zip Code

32179

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

Ronald H Griffor

RONALD H GRIFFOR

3-7-95

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President
NAME	Ronald H Griffor
STREET ADDRESS	13550 SE 122 ND PL
CITY - ST - ZIP	Ocklawaha FL 32179
TITLE	Vice President
NAME	Ronald H Griffor
STREET ADDRESS	13550 SE 122 ND PL
CITY - ST - ZIP	Ocklawaha FL 32179
TITLE	Secretary
NAME	Aldine J Griffor
STREET ADDRESS	13550 SE 122 ND PL
CITY - ST - ZIP	Ocklawaha FL 32179
TITLE	Treasurer
NAME	Ronald H Griffor
STREET ADDRESS	13550 SE 122 ND PL
CITY - ST - ZIP	Ocklawaha FL 32179
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald H Griffor

RONALD H GRIFFOR

3-7-95

901 284 0226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #