

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000012378 (3)**

1. Corporation Name

**LAKE WEIR RETIREMENT VILLAGE, INC.**



Principal Place of Business

**12186 S.E. 135TH AVE  
OCKLAWAHA FL 32179**

Mailing Address

**P.O. BOX 877  
OCKLAWAHA FL 32179**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

g. Name and Address of Current Registered Agent

**GRIFFOR, RONALD H  
13550 S.E. 122 PL.  
OCKLAWAHA FL 32179**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**02/09/1994**

3a. Date of Last Report

**04/26/1995**

4. FEI Number

**59-3257366**

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent

(Title) Registered Agent Signature and address as existing

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFOR, RONALD H</b>	
STREET ADDRESS	<b>13550 S.E. 122ND PL.</b>	
CITY- ST- ZIP	<b>OCKLAWAHA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFOR, RONALD H</b>	
STREET ADDRESS	<b>13550 S.E. 122ND PL</b>	
CITY- ST- ZIP	<b>OCKLAWAHA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFOR, ALDINE J</b>	
STREET ADDRESS	<b>13550 S.E. 122ND PL.</b>	
CITY- ST- ZIP	<b>OCKLAWAHA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFOR, RONALD H</b>	
STREET ADDRESS	<b>13550 S.E. 122ND PL.</b>	
CITY- ST- ZIP	<b>OCKLAWAHA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aldine J. Griffor* Aldine J. Griffor 4-9-96 288-0226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City, State or Phone #)

CR2E034 (12/95)