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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000012378 (3)

1. Corporation Name
LAKE WEIR RETIREMENT VILLAGE, INC.



Principal Place of Business: 12195 S.E. 135TH AVE. OCKLAWAHA FL 32179
Mailing Address: P.O. BOX 877 OCKLAWAHA FL 32183-0877

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-3257366
Applied For: Not Applicable

22. Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 25 Country: 29 Zip: 30 Country:

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 rows of officer information. Each row includes Title, Name, Street Address, City, St, Zip, and a DELETED checkbox.

Table with 4 rows of addition/change information. Each row includes Title, Name, Street Address, City, St, Zip, and checkboxes for Change and Addition.

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 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 4/1/97 352-288-9789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)