## \_2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 27, 2006 8:00 am **Secretary of State DOCUMENT # 719019** 1. Entity Name 02-27-2006 90087 031 \*\*\*\*61.25 WEEKI WACHEE AREA CLUB, INC. Principal Place of Business Mailino Address 7442 SHOAL LINE BLVD SPRING HILL FL 34607 6309 FINE STREET WEEKI WACHEE FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip 'Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELLS, TRUDY Street Address (P.O. Box Number is Not Acceptable) 6309 FINE STREET WEKI WACHEE FL 34607 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, BRENDA NAME NAME 9297 GRIZZLY BEAR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEEKI WACHEE FL 34613 CITY-ST-ZIP ST ☐ Delete Addition WELLS, TRUDY NAME NAME 6309 FINE STREET STREET ADDRESS STREET ADDRESS WEEKI WACHEE FL 34607 CITY-ST-ZIP CITY-ST-ZIP - 🔲 Change --- 🖸 Addition TITLE Delete TITLE HOLLEY, AUDREY NAME STREET ADDRESS 13355 CONVENT GARDEN RD. STREET ADDRESS **BROOKSVILLE FL 34613** CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE MICKI HOBBS 12475 KILDEER RD. MURRAY, ARTHUR NAME NAME STREET ADDRESS 14863 RIALTO AVE STREET ADDRESS WEEKI WACHEE, FL. 34614 HARRY GOWANS BROOKSVILLE FL 34613 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE FORTE, LORRAINE NAME 2265 PINTA AUE. 4367 MERCHANT AVENUE STREET ADDRESS STREET ADDRESS Spring HILL, FL. 34609 SPRING HILL FL 34608 CITY-ST-ZIP City-St-ZIP ADDRESS Change ☐ Delete TITLE ☐ Addition TAYLOR, CAROL NAME NAME STREET ADDRESS 7515 DUNDEE WAY 6372 BEAR TRAIL STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Judy Wells (TRUDY WELLS)

HERNANDO BEACH FL 34607

CITY-ST-ZIP

2-14-06 (352) 596-6686

WEEKI WACHEE, FL. 346/3

FILED