

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90009 027 \*\*\*\*61.25

**DOCUMENT # 719019**

1. Entity Name

WEEKI WACHEE AREA CLUB, INC.



Principal Place of Business

7442 SHOAL LINE BLVD  
SPRING HILL FL 34607  
US

Mailing Address

6309 FINE STREET  
WEEKI WACHEE FL 34607  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLS, TRUDY  
6309 FINE STREET  
WEEKI WACHEE FL 34607

Name

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

City

FL

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

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

(NOTE: Registered Agent signature is required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME DAVIS, BRENDA ☒ Delete  
STREET ADDRESS 9297 GRIZZLY BEAR LANE  
CITY-STATE-ZIP WEEKI WACHEE FL 34613

TITLE  
NAME D MURRAY, ARTHUR ☒ Change ☐ Addition  
STREET ADDRESS 14863 RIALTA AVE  
CITY-STATE-ZIP BROOKSVILLE FL 34613

TITLE  
NAME ST WELLS, TRUDY ☐ Delete  
STREET ADDRESS 6309 FINE STREET  
CITY-STATE-ZIP WEEKI WACHEE FL 34607

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME P HOLLEY, AUDREY ☐ Delete  
STREET ADDRESS 13355 CONVENT GARDEN RD.  
CITY-STATE-ZIP BROOKSVILLE FL 34613

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME D HOBBS, MICKI ☒ Delete  
STREET ADDRESS 12475 KILDEER RD  
CITY-STATE-ZIP WEEKI WACHEE FL 34614

TITLE  
NAME D MANISCALCO, NANCY ☒ Change ☐ Addition  
STREET ADDRESS 5165 FOREST GLEN DR  
CITY-STATE-ZIP SPRING HILL, FL 34607

TITLE  
NAME V GOWANS, HARRY ☒ Delete  
STREET ADDRESS 2265 PINTA AVE  
CITY-STATE-ZIP SPRING HILL FL 34609

TITLE  
NAME V BLACKWELL, CATHARINE ☒ Change ☐ Addition  
STREET ADDRESS 10406 SHAWNEE RD  
CITY-STATE-ZIP BROOKSVILLE FL 34614

TITLE  
NAME D GOWANS, HERBERT ☒ Delete  
STREET ADDRESS 1515 BISHOP RD  
CITY-STATE-ZIP SPRING HILL FL 34608

TITLE  
NAME D BACON, BOBBIE ☒ Change ☐ Addition  
STREET ADDRESS 5308 MALDIVE AVE  
CITY-STATE-ZIP SPRING HILL, FL 34606

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.

SIGNATURE: Trudy Wells  
TRUDY WELLS

2-15-08 (352) 596-6686