

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90080 040 ****61.25

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DOCUMENT # 723590

1. Corporation Name

THE LAKE WEIR COMMUNITY CLUB, INC.

Principal Place of Business

11790 SE 98TH COURT
BELLEVUE FL 32620

Mailing Address

14840 S.E. 103 AVE
SUMMERFIELD FL 34491
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/05/1972

4. FEI Number

59-1939522

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

9. Name and Address of Current Registered Agent

RUTH E MATWIJKOW
10370 SE 148 ST
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **KAEMMERLEN, ELIZABETH**
CITY-ST-ZIP **10450 SE 148 ST**
SUMMERFIELD FL 34491

TITLE ☐ DELETE
NAME **PBM**
STREET ADDRESS **CANNON, ARTHUR L**
CITY-ST-ZIP **14840 SE 103 AVE**
SUMMERFIELD FL 34491

TITLE ☐ DELETE
NAME **PBM**
STREET ADDRESS **LESLIE C GARLOCK**
CITY-ST-ZIP **10370 SE 148TH ST**
SUMMERFIELD FL

TITLE ☐ DELETE
NAME **DBM**
STREET ADDRESS **WEMPLE, WILLIAM C**
CITY-ST-ZIP **4655 SE 166 ST**
SUMMERFIELD FL 34492

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **MARY COLBURN**
CITY-ST-ZIP **10520 SE 147TH PLACE**
SUMMERFIELD FL

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **MATWOJKOW, RUTH**
CITY-ST-ZIP **10370 SE 148 ST**
SUMMERFIELD FL 34491

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☒ Change ☐ Addition
1.2 NAME **Michael Oryl**
1.3 STREET ADDRESS **12701SE 143rd Ave**
1.4 CITY-ST-ZIP **Ocklawaha, Fl. 32183**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Oryl

USE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)