

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90081 021 \*\*\*\*61.25

**DOCUMENT # 723590**

1. Entity Name

THE LAKE WEIR COMMUNITY CLUB, INC.



Principal Place of Business

11790 SE 98TH COURT  
BELLEVIEW FL 32620

Mailing Address

10370 SE 148 ST  
SUMMERFIELD FL 34491  
US

20014230



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1939522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUTH E MATWIJKOW  
10370 SE 148 ST  
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	GARLOCK, LESLIE	
STREET ADDRESS	10370 SE 148 ST.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KIRBY, JIM	
STREET ADDRESS	11345 SE 75 CT	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPOTTS, ANNETTE E	
STREET ADDRESS	12234 SE 139 AVE.	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELHUEMEUR, ANN	
STREET ADDRESS	10451 SE TIMUCUAN RD.	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORK, MIKE	
STREET ADDRESS	4900 SE 102 PLACE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MATWOJKOW, RUTH	
STREET ADDRESS	10370 SE 148 ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL DYRL	
STREET ADDRESS	4900 SE 102 PLACE	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN DAVIS	
STREET ADDRESS	11345 SE 75 CT.	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS MILLER	
STREET ADDRESS	9671 SE 162 ST	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Ruth E. Matwijkow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February*  
Date

Daytime Phone #