


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90403 046 ****61.25

DOCUMENT # 723590 1. Entity Name THE LAKE WEIR COMMUNITY CLUB, INC.					
Principal Place of Business 11790 SE 98TH COURT BELLEVUE, FL 32620			Mailing Address 10370 SE 148 ST SUMMERFIELD, FL 34491 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1939522	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUTH E MATWIJKOW 10370 SE 148 ST SUMMERFIELD, FL 34491				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <u>Ruth Matwijkow - Secretary</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete			
NAME	GARLOCK, LESLIE				
STREET ADDRESS	10370 SE 148 ST.				
CITY-ST-ZIP	SUMMERFIELD, FL 34491				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	DAVIS, SEAN <i>SPELLING</i>				
STREET ADDRESS	11345 SE 75 CT				
CITY-ST-ZIP	BELLEVUE, FL 34420				
TITLE	T	<input checked="" type="checkbox"/> Delete			
NAME	SPOTTS, ANNETTE E				
STREET ADDRESS	12234 SE 139 AVE.				
CITY-ST-ZIP	OCKLAWAHA, FL 32179				
TITLE	D	<input type="checkbox"/> Delete			
NAME	MILLER, FRANCES				
STREET ADDRESS	9671 SE 162 ST				
CITY-ST-ZIP	SUMMERFIELD, FL 34491				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	ORK MIKE <i>SPELLING</i>				
STREET ADDRESS	4900 SE 102 PLACE				
CITY-ST-ZIP	BELLEVUE, FL 34420				
TITLE	DS	<input checked="" type="checkbox"/> Delete			
NAME	MATWIJKOW, RUTH <i>SPELLING</i>				
STREET ADDRESS	10370 SE 148 ST				
CITY-ST-ZIP	SUMMERFIELD, FL 34491				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	VP MIKE ORYL				
STREET ADDRESS	4900 SE 102 PL.				
CITY-ST-ZIP	BELLEVUE FL 34420				
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	S-D RUTH MATWIJKOW				
STREET ADDRESS	10370 SE 148 ST				
CITY-ST-ZIP	SUMMERFIELD FL 34491				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Ruth Matwijkow</u> <u>RUTH MATWIJKOW</u> <u>APRIL 8 '06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					