

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723590

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: THE LAKE WEIR COMMUNITY CLUB, INC.

**Current Principal Place of Business:**

11790 SE 98TH COURT  
BELLEVIEW, FL 32620 US

**New Principal Place of Business:**

**Current Mailing Address:**

10370 SE 148 ST  
SUMMERFIELD, FL 34491 US

**New Mailing Address:**

FEI Number: 59-1939522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUTH E MATWIJKOW  
10370 SE 148 ST  
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GARLOCK, LESLIE  
Address: 10370 SE 148 ST.  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D ( ) Delete  
Name: DAVIS, JEAN  
Address: 11345 SE 75TH CT  
City-St-Zip: BELLEVIEW, FL 34420 US

Title: TD ( ) Delete  
Name: SPOTTS, ANNETTE  
Address: POB 1606, 12234 SE 139TH AVE  
City-St-Zip: OCKLAWAHA, FL 32180 US

Title: VP ( ) Delete  
Name: ORYL, MIKE  
Address: 4900 SE 102ND PL  
City-St-Zip: BELLEVIEW, FL 34420 US

Title: SD ( ) Delete  
Name: MATWIJKOW, RUTH  
Address: 10370 SE 148TH ST  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: D ( ) Delete  
Name: DRUMM, DORIS  
Address: 12364 SE 128TH CT  
City-St-Zip: OCKLAWAHA, FL 32179 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: BELLEHUMEUR, ANNE  
Address: 10451 TIMUCUAN RD  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: VP (X) Change ( ) Addition  
Name: GREGORY, BILL  
Address: 10295 SE 149 TH ST.  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN DAVIS

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date