

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

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90330 021 \*\*\*\*61.25

**DOCUMENT # 743085**

1. Entity Name

LAKE WEIR SHORES NUMBER (3) INC.



Principal Place of Business

BOX 1686  
BELLEVIEW FL 34421

Mailing Address

BOX 1686  
BELLEVIEW FL 34421

**50039730**



1st MOORE

CR2E037 (10/04)

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

59-1816533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LA FLEUR, LAWRENCE N  
10380 S E 148TH PLACE  
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name

Carolyn Allen

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

10363 SE 149th Ln

City

Summerfield

City

Summerfield

FL

Zip Code

34491

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

*Carolyn Allen* CAROLYN ALLEN TREASURER

4/14/05

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 D ☐ Delete  
NAME CZERWONKA, PAT  
STREET ADDRESS 10385 SE 149 STREET  
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE D ☒ Delete  
NAME LAFLEUR, LAWRENCE  
STREET ADDRESS 10380 S.E. 148TH PLACE  
CITY-ST-ZIP SUMMERFIELD FL 34491  
*Died March 2005*

TITLE S ☐ Delete  
NAME LA FLEUR, DOLORES J.  
STREET ADDRESS 10380 SE 148THPLACE  
CITY-ST-ZIP SUMMERFIELD FL

TITLE T ☐ Delete  
NAME ALLEN, CAROLYN  
STREET ADDRESS 10363 149 LANE  
CITY-ST-ZIP SUMMERFIELD FL

TITLE P ☐ Delete  
NAME MATWIJKOW, RUTH  
STREET ADDRESS 10370 SE 148 ST  
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE D ☐ Delete  
NAME GARLOCK, LES  
STREET ADDRESS 10370 SE 148 STREET  
CITY-ST-ZIP SUMMERFIELD FL 34491

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ 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: *Carolyn Allen* CAROLYN ALLEN TREASURER 4/14/05 (352)347-6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #