

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-15-2006 90108 004 ****61.25


FILED

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06 MAY 23 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50002623

DOCUMENT # 743085					
1. Entity Name LAKE WEIR SHORES NUMBER (3) INC.					
Principal Place of Business BOX 1686 BELLEVUE, FL 34421			Mailing Address BOX 1686 BELLEVUE, FL 34421		
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEN, CAROLYN 10363 SE 149TH LANE SUMMERFIELD, FL 34491			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 <i>Carolyn Allen - Treasurer</i> Signature, typed or printed name of registered agent and title if applicable.			03/10/06 DATE		
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 NAME STREET ADDRESS CITY-ST-ZIP	D CZERWONKA, PAT 10385 SE 149 STREET SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVIN CLARK, ALVIN 10535 SE 148th ST. SUMMERFIELD, FL. 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LA FLEUR, DOLORES J. 10380 SE 148THPLACE SUMMERFIELD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, CAROLYN 10363 149 LANE SUMMERFIELD, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATWIJKOW, RUTH 10370 SE 148 ST SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLOCK, LES 10370 SE 148 STREET SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adeline Clark CLARK, Adeline 10535 SE 148th ST. SUMMERFIELD, FL. 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Carolyn Allen, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			03/10/06 (352) 347-6557 Date Daytime Phone #		
CAROLYN ALLEN					