

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90040 048 \*\*\*\*61.25

<b>DOCUMENT # 767757</b> 1. Entity Name LAKE WEIR HARBOR ESTATES ASSOCIATION, INC.					
Principal Place of Business DENNIS SLATER 15111 SE 103RD TERR. SUMMERFIELD, FL 34491 US			Mailing Address GRETCHEN L. BERGE 15090 SE 104TH COURT SUMMERFIELD, FL 34491 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <i>Gretchen L. Berge</i> <i>Suite, Apt. #, etc.</i> <i>15090 SE 105TH AVE.</i> <i>CITY &amp; STATE</i> <i>SUMMERFIELD, FL.</i> <i>Zip</i> <i>Country</i> <i>34491</i> <i>US</i>			
01212007    Chg-NP                      CR2E037 (12/06)		4. FEI Number 59-2965490		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  BERGE, GRETCHEN L. 15090 SE 104TH CT. SUMMERFIELD, FL 34491	
7. Name and Address of New Registered Agent Name <i>BERGE, GRETCHEN L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>15090 SE 105TH AVE.</i> <i>Summerfield,</i> City <i>FL</i> Zip Code <i>34491</i>				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>Gretchen L. Berge</i> DATE <i>1-22-07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		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	T BERGE, GRETCHEN L. 15090 SE 104 TH CT. SUMMERFIELD, FL 34491 <i>change Address →</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERGE, GRETCHEN L. 15090 SE 105TH AVE SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TODD, GRACE 15110 SE 103RD AVE SUMMERFIELD, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, TERRY 15191 SE 103RD TERR. SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SLATER, DENNIS 15191 SE 103RD TERR. 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	S HALL, CAROL 15030 SE 103RD TERR 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 STANDHART, JOHN 15071 SE 104TH COURT 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 DAVIS, SALLY 15210 SE 103RD TERR. SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hervey, Lucille 15050 SE 103RD TERR 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>Gretchen L. Berge (treasurer)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>1-22-07</i> DAYTIME PHONE # <i>(352) 288-3432</i>		