

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000011336**

**1. Entity Name**  
**THE LAKE WEIR OAKS HOMEOWNERS ASSOCIATION  
CORPORATION**



**Principal Place of Business**  
**10750 SE 166TH LANE  
SUMMERFIELD, FL 34491**

**Mailing Address**  
**10750 SE 166TH LANE  
SUMMERFIELD, FL 34491**



02082006 No Chg-NP CRZE037 (11/05)

**4. FEI Number**  
**11-3747982**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PEYTON, CARENE M  
10750 SE 166TH LANE  
SUMMERFIELD, FL 34491**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-electing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**D**  
**NAME**  
**PEYTON, CARENE M**  
**STREET ADDRESS**  
**10750 SE 166TH LANE**  
**CITY-ST-ZIP**  
**SUMMERFIELD, FL 34491**

**TITLE**  
**D**  
**NAME**  
**ADAMS, PAMELA A**  
**STREET ADDRESS**  
**10690 SE 166TH LANE**  
**CITY-ST-ZIP**  
**SUMMERFIELD, FL 34491**

**TITLE**  
**D**  
**NAME**  
**WOLF, SHIRLEY E**  
**STREET ADDRESS**  
**10766 SE 166TH LANE**  
**CITY-ST-ZIP**  
**SUMMERFIELD, FL 34491**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

U00000482154  
04/11/06-80064-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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:** *Shirley E Wolf* Director

3/23/06 352-307-1082