


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000011336</b>	
1. Entity Name <b>THE LAKE WEIR OAKS HOMEOWNERS ASSOCIATION CORPORATION</b>	

Principal Place of Business <b>10750 SE 166TH LANE SUMMERFIELD, FL 34491</b>	Mailing Address <b>10750 SE 166TH LANE SUMMERFIELD, FL 34491</b>
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**DO NOT WRITE IN THIS SPACE**



02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>11-3747982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEYTON, CARENE M 10750 SE 166TH LANE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ADAMS, PAMELA A 10690 SE 166TH LANE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WOLF, SHIRLEY E 10766 SE 166TH LANE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000849561  
03/21/08-80026-004 61.25

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 Wolf - Shirley Wolf 2/08/08 352-572-4753  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #