2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N08524

Entity Name: SAVE LAKE WEIR CORPORATION, INC.

Current Principal Place of Business:

12030 SE HWY 25
OCKLAWANA, FL 32179 US

New Principal Place of Business:

12030 SE HWY 25
OCKLAWAHA, FL 32179 US

Current Mailing Address:

PO BOX 374
WEIRSDALE, FL 32195 US

New Mailing Address:

FEI Number: 59-2640020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, EDWARD M.
12030 SE HWY. 25
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	KNOBLOCK, VIC VP	
Address:	13075 SE 118TH AVE RD	
City-St-Zip:	OCKLAWAHA, FL 32179	
Title:	D	( ) Delete
Name:	KERNAN, BILL D	
Address:	14291 S E 128TH ST	
City-St-Zip:	OCKLAWAHA, FL 32179	
Title:	SD	( ) Delete
Name:	SANDS, JANE SD	
Address:	P O BOX 1515	
City-St-Zip:	OCKLAWAHA, FL 32179	
Title:	P	( ) Delete
Name:	KERLEY, BOB P	
Address:	2719 S E 16TH ST	
City-St-Zip:	OCALA, FL 34471	
Title:	TD	( ) Delete
Name:	FORRESTER, CLIFFORD F TD	
Address:	10375 S E SUNSET HARBOR RD	
City-St-Zip:	SUMMERFIELD, FL 34491	
Title:	D	( ) Delete
Name:	HIGHTOWER, BOB D	
Address:	13060 E HIGHWAY 25	
City-St-Zip:	OCKLAWAHA, FL 32179	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD F FORRESTER TD 01/17/2009
Electronic Signature of Signing Officer or Director — Date