

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90133 039 ****61.25

DOCUMENT # N08856

1. Entity Name

LITTLE LAKE WEIR SUBDIVISION HOME OWNER'S ASSOCIATION OF SUMMERFIELD, FLORIDA INC.

Principal Place of Business

9385 SE 143RD PL
 SUMMERFIELD FL 34491
 US

Mailing Address

14290 SE 87TH TERRACE RD.
 SUMMERFIELD FL 34491
 US

2. Principal Place of Business

3. Mailing Address

8971 SE 144th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Summerfield, Florida

Zip

Country

Zip

Country

34491-3442

Marion

4. FEI Number

59-2883082

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, RAYMOND W
 14290 SE 87TH TERRACE ROAD
 SUMMERFIELD FL 34491

Name

Ann M. Hoefler

Street Address (P.O. Box Number is Not Acceptable)

8971 SE 144th Lane

City

Summerfield

FL

Zip Code

34491-3442

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.

SIGNATURE

Ann M. Hoefler (Treasurer) Ann M. Hoefler

01/16/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	NEWMAN, RAYMOND W	
STREET ADDRESS	14290 SE 87TH TERR. RD.	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LACLAIRE, WAYNE	
STREET ADDRESS	14560 SE 91ST TERR	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAVEMAN, DORIS	
STREET ADDRESS	8870 SE 143RD LN	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, DOROTHY	
STREET ADDRESS	14691 SE 90TH AVENUE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALLUM, BRUCE	
STREET ADDRESS	9310 SE 141ST LN	
CITY-ST-ZIP	SUMMERFIELD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEON, RONALD	
STREET ADDRESS	9164 SE 146TH ST.	
CITY-ST-ZIP	SUMMERFIELD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ann M. Hoefler	
STREET ADDRESS	8971 SE 144th Lane	
CITY-ST-ZIP	Summerfield, Florida 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ann M. Hoefler (Treasurer) 01/16/02 (352) 307-4634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)