

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90014 020 ****61.25

DOCUMENT # **NO8856**

1. Entity Name
*Little Lake Weir Subdivision Home Owners
Association of Summerfield, Florida, Inc*



DO NOT WRITE IN THIS SPACE

44001481

2. Principal Place of Business
9200 SE 143rd Place
Suite, Apt. #, etc.

3. Mailing Address
8971 SE 144th Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Summerfield, Florida
Zip
34491
Country
USA

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Summerfield, Florida
Zip
34491
Country
USA

4. FEI Number *59-2883082*
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Ann M Hofer
Street Address (P.O. Box Number is Not Acceptable)
8971 SE 144th Lane

City
Summerfield FL Zip Code
34491

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 *Ann M Hofer* *Ann M Hofer* *Treasurer* *1/12/04*
(NOTE: Registered Agent signature required when reinstating)

**FEES IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Robert Cordle 9200 SE 143rd Place Summerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP Raymond Newman 14290 SE 87th Terrace Rd. Summerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S Mary Ann Schultz 14535 SE 90th Terrace Summerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T ANN M Hofer 8971 SE 144th Lane Summerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Bruce McCallum 9310 SE 141st Lane Summerfield, FL 34491</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Ronald McKeon 9164 SE 146th Street Summerfield, FL 34491</i>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann M Hofer* *Ann M Hofer* *Treasurer* *1/12/04* *352-307-4634*

CR2E037B (12/02)