


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90044 048 \*\*\*\*61.25

<b>DOCUMENT # N08856</b>			
1. Entity Name <b>LITTLE LAKE WEIR SUBDIVISION HOME OWNER'S ASSOCIATION OF SUMMERFIELD, FLORIDA INC.</b>			
Principal Place of Business 9200 SE 143RD PLACE SUMMERFIELD, FL 34491 US		Mailing Address 8971 SE 144TH LANE SUMMERFIELD, FL 34491 US	
2. Principal Place of Business		3. Mailing Address <b>14111 S.E. 92 COURT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Summerfield, FL</b>	
Zip	Country	Zip	Country
		<b>34491</b>	<b>USA</b>
6. Name and Address of Current Registered Agent  <b>HOEFER, ANN M</b> <b>8971 SE 144TH LANE</b> <b>SUMMERFIELD, FL 34491</b>		7. Name and Address of New Registered Agent Name <b>SPRAGUE, JOANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>14111 SE 92 COURT</b> City <b>Summerfield</b> FL Zip Code <b>34491</b>	
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: <b>JOANN SPRAGUE</b> <i>Joann Sprague Treasurer</i> 01/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEWMAN, RAYMOND W 14290 SE 87TH TERR. RD. SUMMERFIELD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDLE, ROBERT ? 9200 SE 143RD PLACE SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <del>Ken</del> Cordle Kenneth <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9200 SE 143 Place Summerfield, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWLTZ, MARY A 14535 SE 90 TH TERRACE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEEFER, ANN M ? 897155 149TH LANE SUMMERFIELD, FL 34491 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas <b>SPRAGUE, JOANN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14111 S.E. 92 COURT Summerfield, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCALLUM, BRUCE 9310 SE 141ST LN SUMMERFIELD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEON, RONALD 9164 SE 146TH ST. SUMMERFIELD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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01142005 Chg-NP CR2E037 (10/03)

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

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

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:

*Joann Sprague* **JOANN SPRAGUE** *Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/24/05  
352-307-1868