

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90039 035 ****61.25

DOCUMENT # N08856

1. Entity Name

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



Principal Place of Business

Mailing Address

**9200 SE 143RD PLACE
SUMMERFIELD FL 34491
US**

**14111 SE 92 COURT
SUMMERFIELD FL 34491
US**

2. Principal Place of Business

14111 SE 92nd. Ct.

Suite, Apt. #, etc.

3. Mailing Address

14111 SE 92nd. Ct.

Suite, Apt. #, etc.

City & State

Summerfield, FL.

Zip
34491

Country
USA.

City & State

Summerfield, FL.

Zip
34491

Country
U.S.A.

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

**SPRAGUE, JOANN
14111 SE 92 COURT
SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

JOANN SPRAGUE TREASURER

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

(NOTE: Registered Agent signature required when replacing)

JOANN SPRAGUE TREASURER

DATE

2/4/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 VP
NAME NEWMAN, RAYMOND W ☐ Delete
STREET ADDRESS 14290 SE 87TH TERR. RD.
CITY-ST-ZIP SUMMERFIELD FL

TITLE P ☒ Delete
NAME CORDLE, KENNETH
STREET ADDRESS 9200 SE 143RD PLACE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE S ☒ Delete
NAME SCHWLTZ, MARY A
STREET ADDRESS 14535 SE 90 TH TERRACE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE T ☐ Delete
NAME SPRAGUE, JOANN
STREET ADDRESS 14111 SE 92 COURT
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE D ☐ Delete
NAME MCCALLUM, BRUCE
STREET ADDRESS 9310 SE 141ST LN
CITY-ST-ZIP SUMMERFIELD FL

TITLE D ☐ Delete
NAME MCKEON, RONALD
STREET ADDRESS 9164 SE 146TH ST.
CITY-ST-ZIP SUMMERFIELD FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☐ Addition
NAME WAYNE LA CLAIR
STREET ADDRESS 14670 SE. 87TH TERRACE
CITY-ST-ZIP SUMMERFIELD, FL. 34491

TITLE S ☐ Change ☐ Addition
NAME BARBARA Hilliker
STREET ADDRESS 14270 SE 91st. TERRACE
CITY-ST-ZIP SUMMERFIELD, FL. 34491

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

JOANN SPRAGUE TREASURER **JOANN SPRAGUE** **2/4/06** **352-347** **0089**