


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N44502 1. Entity Name LAKE WEIR LANDINGS, INC.	
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Principal Place of Business P.O. BOX 94 EAST LAKE WEIR, 32133 US	Mailing Address P O BOX 94 E LAKE WEIR, FL 32133 US
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03192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3123966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEAL, CATHERINE 13700 SE HWY C-25 EAST LAKE WEIR, FL 32133

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAL, RON 13700 SE HWY 25 E LAKE WEIR, FL 32133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAL, CATHERINE 13700 SE HWY C-25 E LAKE WEIR, FL 32133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HESTER, JEFF PO BOX 84 EAST LAKE WEIR, FL 32133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/23/05-80033-001 61.25

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IN THIS SPACE**

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: Catherine R Beal 3-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #