


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90114 019 ****61.25

DOCUMENT # N44502	
1. Entity Name LAKE WEIR LANDINGS, INC.	

Principal Place of Business P.O. BOX 94 13700 SE HWY C-25 EAST LAKE WEIR, 32133 US	Mailing Address P O BOX 94 E LAKE WEIR, FL 32133 US
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60003008



01142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3123966	Applied For <input type="checkbox"/> 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
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Catherine Beal - Catherine Beal 1-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #