

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44502

FILED
Feb 04, 2009
Secretary of State

Entity Name: LAKE WEIR LANDINGS, INC.

Current Principal Place of Business:

13700 SE HWY C-25
EAST LAKE WEIR, FL 32133 US

New Principal Place of Business:

13700 COUNTRY RD 25
EAST LAKE WEIR, FL 32133 US

Current Mailing Address:

P O BOX 94
E LAKE WEIR, FL 32133 US

New Mailing Address:

FEI Number: 59-3123966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAL, CATHERINE
13700 SE HWY C-25
EAST LAKE WEIR, FL 32133 US

Name and Address of New Registered Agent:

BEAL, CATHERINE
13700 COUNTRY RD 25
EAST LAKE WEIR, FL 32133 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/04/2009

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEAL, RON
Address: 13700 SE HWY 25
City-St-Zip: E LAKE WEIR, FL 32133

Title: TD () Delete
Name: BEAL, CATHERINE
Address: 13700 SE HWY C-25
City-St-Zip: E LAKE WEIR, FL 32133

Title: VPD () Delete
Name: HESTER, JEFF
Address: PO BOX 84
City-St-Zip: EAST LAKE WEIR, FL 32133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BEAL, RON
Address: 13700 COUNTRY RD 25
City-St-Zip: E LAKE WEIR, FL 32133

Title: STD (X) Change () Addition
Name: BEAL, CATHERINE
Address: 13700 COUNTRY RD 25
City-St-Zip: E LAKE WEIR, FL 32133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE B. BEAL

STD

02/04/2009

Electronic Signature of Signing Officer or Director

Date