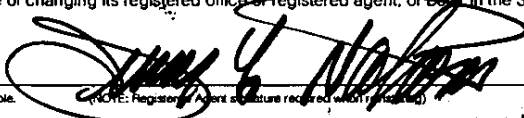
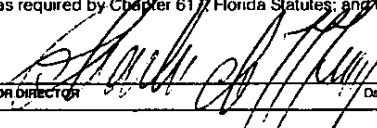


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90027 037 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                    |                                                       |                                                                                                                                                                                                                 |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N50189</b><br>1. Entity Name<br><b>LAKE WEIR YACHT CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                                    |                                                       |                                                                                                                                |                                                                              |
| Principal Place of Business<br><b>13830 SE 145 AVE RD.</b><br><b>EAST LAKE WEIR, FL 32133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                                    |                                                       | Mailing Address<br><b>15020 SE 140 AVE RD.</b><br><b>WEIRSDALE, FL 32195</b>                                                                                                                                    |                                                                              |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | 3. Mailing Address<br><b>P.O. Box 68</b><br><br>Suite, Apt. #, etc.                |                                                       |                                                                                                                               |                                                                              |
| City & State<br><b>EAST LAKE WEIR, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | City & State<br><b>EAST LAKE WEIR, FL</b>                                          |                                                       | 4. FEI Number<br><b>59-3138666</b>                                                                                                                                                                              |                                                                              |
| Zip<br><b>32133</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | Country<br><b>USA</b>                                                              |                                                       | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>SMITH, MARILYN M</b><br><b>15020 SE 140TH AVE RD</b><br><b>WEIRSDALE, FL 32195</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                                                                    |                                                       | 7. Name and Address of New Registered Agent<br>Name <b>NATIONS, JERRY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>13033 SE 158TH LANE</b><br>City <b>WEIRSDALE</b> FL Zip Code <b>32195</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.<br><br>SIGNATURE <b>JERRY NATIONS</b>  DATE <b>3-25-05</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.)</small>                                                                                                              |                                                                             |                                                                                    |                                                       |                                                                                                                                                                                                                 |                                                                              |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                       | <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>NATIONS, JERRY L<br>13033 SE 158TH LANE<br>WEIRSDALE, FL 32195        | <input checked="" type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>HEAD, MARILYN<br>10175 SE 174TH PL<br>SUMMERFIELD, FL 34492                                                                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>DE MENZES, CHARLES<br>500 SW 10TH ST<br>OCALA, FL 34474               | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>DE MENZES, BEITE<br>PO BOX 4230<br>OCALA, FL 34478                    | <input type="checkbox"/> Delete                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>MINZENBERG, DEBBIE<br>15740 SE 140TH AVE<br>WEIRSDALE, FL 32195                                                                                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>SMITH, MARILYN<br>15020 SE 140TH AVE, RD<br>WEIRSDALE, FL 32195       | <input checked="" type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>DE BUIVNY, DON<br>14587 SE 108TH TERR<br>SUMMERFIELD, FL 34491                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>FORRESTER, CLIFF<br>10375 SE SUNSET HARBOR DR<br>SUMMERFIELD, FL 34491 | <input checked="" type="checkbox"/> Delete                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>NATIONS, JERRY<br>13033 SE 158TH LANE<br>WEIRSDALE, FL 32195                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>SCHNEBEL, LIZ<br>14450 SE 143 TERR<br>WEIRSDALE, FL 32195              | <input checked="" type="checkbox"/> Delete                                         |                                                       |                                                                                                                                                                                                                 |                                                                              |
| 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: <b>CHARLES DE MENZES</b>  DATE <b>3-28-05</b> 352-622-4949<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                                                                    |                                                       |                                                                                                                                                                                                                 |                                                                              |