2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50189

FILED Mar 23, 2009 Secretary of State

Entity Nai	me: LAKE WE	IR YACHT CLUB, INC.			
Current Principal Place of Business:			New Princ	ipal Place of Business:	
	145 AVE RD E WEIR, FL 32	2133			
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 6 EASTLAKI	8 E WEIR, FL 32	133 US			
FEI Number	: 59-3138666	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
WEIRSDA	158TH LANE LE, FL 32195	US			
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATU					
	Electroni	c Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () ROU, MICHAEL P.O. BOX 68 EAST LAKE WE	Delete IR, FL 32133	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () ROSS, MARY P.O. BOX 68 EAST LAKE WE	Delete IR, FL 32133	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition GROVER, MAXINE P.O. BOX 68 EAST LAKE WEIR, FL 32133	
Title: Name: Address: City-St-Zip:	SD () WEBB, PATTY PO BOX 68 EAST LAKE WE	Delete IR, FL 32133	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition LYTLE, BOBBIE PO BOX 68 EAST LAKE WEIR, FL 32133	
Title: Name: Address: City-St-Zip:	TD () DEMENZES, CH P BOX 68 EAST LAKE WE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D () NATIONS, JERR	Delete	Title: Name:	() Change () Addition	

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: CHARLES DEMENZES TD 03/23/2009