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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725195 (2)
1. Corporation Name
LIVE OAK VILLAGE CONDOMINIUM, INC.



Principal Place of Business 531 A MIDWAY DRIVE OCALA FL 34472 US	Mailing Address 531 A MIDWAY DRIVE OCALA FL 34472-2271
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3. Date Incorporated or Qualified 01/05/1973	3a. Date of Last Report 01/23/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1525238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WORDEN, HAROLD R.
501-A MIDWAY DR
OCALA FL 34472**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Harold R. Worden - TREASURER DATE 1/7/97
Signature: typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CORBY, ROBERT	
STREET ADDRESS	608-A MIDWAY DR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENNEL, WILLARD J.	
STREET ADDRESS	570-B MIDWAY DR	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WORDEN, HAROLD R.	
STREET ADDRESS	501 A MIDWAY DRIVE	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEUVEL, ROBERT V	
STREET ADDRESS	491-B MIDWAY DRIVE	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RIDGEWAY, EDWARD E	
STREET ADDRESS	558-A MIDWAY DR	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, FRANK E.	
STREET ADDRESS	536-A MIDWAY DR	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph W. LaPointe	
1.3 STREET ADDRESS	602-B Midway Drive	
1.4 CITY-ST-ZIP	Ocala, Florida 34472	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold R. Worden DATE 1/7/97 TIME 352-687-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065720

CR2E037 (9/96)