

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>531 A MIDWAY DRIVE OCALA FL 34472 US</b>	Mailing Address <b>531 A MIDWAY DRIVE OCALA FL 34472-2271</b>
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3. Date Incorporated or Qualified <b>01/05/1973</b>	3a. Date of Last Report <b>01/23/1996</b>
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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 <b>59-1525238</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORBY, ROBERT</b> <b>608-A MIDWAY DR</b> <b>OCALA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Director</b> <b>Joseph W. LaPointe</b> <b>602-B Midway Drive</b> <b>Ocala, Florida 34472</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENNEL, WILLARD J.</b> <b>570-B MIDWAY DR</b> <b>OCALA FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WORDEN, HAROLD R.</b> <b>501 A MIDWAY DRIVE</b> <b>OCALA, FL 00000</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEUVEL, ROBERT V</b> <b>491-B MIDWAY DRIVE</b> <b>OCALA FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RIDGEWAY, EDWARD E</b> <b>558-A MIDWAY DR</b> <b>OCALA FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, FRANK E.</b> <b>536-A MIDWAY DR</b> <b>OCALA FL</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>P</b>

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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 1/7/97 352-687-4749  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065720

CR2E037 (9/96)