


**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90025 017 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 725195 ✓  
 1. Corporation Name  
 LIVE OAK VILLAGE CONDOMINIUM, INC.

Principal Place of Business Mailing Address  
 531 A MIDWAY DRIVE 531 A MIDWAY DRIVE  
 OCALA FL 34472 OCALA FL 32672  
 US

604722-90003-17 2 2



21	2. Principal Place of Business	2a. Mailing Address	28	3. Date Incorporated or Qualified	01/05/1973
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-1525238
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Zip	30	Trust Fund Contribution	<input type="checkbox"/>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WORDEN, HAROLD R. 501-A MIDWAY DR OCALA FL 34472		81 Name	LAPOINTE JOSEPH W.
		82 Street Address (P.O. Box Number is Not Acceptable)	602-B MIDWAY DR
		83	OCALA, FL
		84 City	FL
		85 Zip Code	34472

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: JOSEPH W. LAPOINTE *Joseph W. Lapointe Pres. 8/2/99*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P. PRES. D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPOINTE, JOSEPH W	1.2 NAME	D
STREET ADDRESS	602-B MIDWAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNEL, WILLARD J.	2.2 NAME	
STREET ADDRESS	570-B MIDWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORDEN, HAROLD R.	3.2 NAME	
STREET ADDRESS	501 A MIDWAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	D. DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GEORGE	4.2 NAME	
STREET ADDRESS	597-A MIDWAY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	S. SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGEWAY, EDWARD E	5.2 NAME	
STREET ADDRESS	558-A MIDWAY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	VP. VICE PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, ROBERT	6.2 NAME	D
STREET ADDRESS	459-A MIDWAY DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: JOSEPH W. LAPOINTE *Joseph W. Lapointe 7/2/99 352-687-4749*  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)