


**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  
 531 A MIDWAY DRIVE  
 OCALA FL 34472  
 US

Mailing Address  
 531 A MIDWAY DRIVE  
 OCALA FL 32672

604722-90003-17 2 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1973	
21	Suite, Apt. #, etc.	28	Suite, Apt. #, etc.	4. FEI Number 59-1525238	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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	City OCALA, FL		
				84	City	FL	85

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>VP</del>	<input checked="" 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)