

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90042 048 ****61.25

DOCUMENT # 725195			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

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. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOORE, PATRICK PD 567-B MIDWAY DR OCALA FL 34472		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHRADER, J J			NAME	Robert Simmons		
STREET ADDRESS	526 A MIDWAY DR.			STREET ADDRESS	459A Midway Drive		
CITY-ST-ZIP	OCALA FL 34472			CITY-ST-ZIP	Ocala, Fl. 34472		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOWMAN, BEVERLY J			NAME	Earl Ridgeway		
STREET ADDRESS	539-A MIDWAY DR			STREET ADDRESS	558A Midway Drive		
CITY-ST-ZIP	OCALA FL			CITY-ST-ZIP	Ocala, Fl. 34472		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BENNETT, FRANK			NAME	Dominic Napoli		
STREET ADDRESS	599A MIDWAY-DR			STREET ADDRESS	586B Midway Drive		
CITY-ST-ZIP	OCALA FL 34472			CITY-ST-ZIP	Ocala, Fl. 34472		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEIM, AL			NAME	Robert Farrell		
STREET ADDRESS	527-B MIDWAY DR			STREET ADDRESS	582B Midway Drive		
CITY-ST-ZIP	OCALA FL			CITY-ST-ZIP	Ocala, Fl. 34472		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, PATRICK			NAME			
STREET ADDRESS	459-A MIDWAY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34472			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAM, KOCH			NAME			
STREET ADDRESS	521A MIDWAY DR			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34472			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly J. Bowman*
Beverly J. Bowman, Secretary/Treasurer 03/03/04 352-687-4749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #