2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725195

FILED Jan 08, 2007 Secretary of State

Entity Name: LIVE OAK VILLAGE CONDOMINIUM, INC.

Current Principal Place of Business: New Principal Place of Business:

SILVER SPRING SHORES 531A MIDWAY DR. OCALA, FL 34472 US

Current Mailing Address: New Mailing Address:

531 A MIDWAY DRIVE 531 A MIDWAY DRIVE OCALA, FL 32672 OCALA, FL 32672 US

FEI Number: 59-1525238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOORE, PATRICK PD 567-B MIDWAY DR OCALA, FL 34472 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 MOORE, PATRICK
 Name:

 Address:
 531A MIDWAY DR.
 Address:

 City-St-Zip:
 OCALA, FL 34472 US
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 KOCH, WILLIAM
 Name:
 KOCH, WILLIAM

 Address:
 531A MIDWAY DR.
 Address:
 531A MIDWAY DR.

 City-St-Zip:
 OCALA, FL 34472
 City-St-Zip:
 OCALA, FL 34472 US

 $\label{eq:title:start} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{(X) Change () Addition}$

 Name:
 BOWMAN, BEVERLEY
 Name:
 BOWMAN, BEVERLEY

 Address:
 531A MIDWAY DR.
 Address:
 531A MIDWAY DR.

 City-St-Zip:
 OCALA, FL 34472
 City-St-Zip:
 OCALA, FL 34472 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MOORE P 01/08/2007