

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90785 001 ***630.00

DOCUMENT # N05000003893
 1. Entity Name
 BIRCHWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.



Principal Place of Business
 3300 UNIVERSITY DR
 CORAL SPRINGS, FL 33065

Mailing Address
 3300 UNIVERSITY DR
 CORAL SPRINGS, FL 33065

2. Principal Place of Business
 11500 Old Tampa Bay Dr

3. Mailing Address
 11500 Old Tampa Bay Dr

Suite, Apt. #, etc.

City & State
 San Antonio, Fl

City & State
 San Antonio, Fl

Zip
 33576

Country

04172006 Chg-NP CR2E037 (11/05)

4. FEI Number
 20-2690834

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

GERSON, GARY N ESQ
 1645 PALM BEACH LAKES BLVD SUITE 1200
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
 Jonnie R Tyler

Street Address (P.O. Box Number is Not Acceptable)
 11500 Old Tampa Bay Dr

City
 San Antonio, FL Zip Code
 33576

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 DATE 4-24-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert D Krieff
STREET ADDRESS	11500 Old Tampa Bay Dr
CITY - ST - ZIP	San Antonio, Fl 33576
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Lauren Arcaro
STREET ADDRESS	11500 Old Tampa Bay Dr
CITY - ST - ZIP	San Antonio, Fl 33576
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Ron Forrest
STREET ADDRESS	11500 Old Tampa Bay Dr
CITY - ST - ZIP	San Antonio, FL 33576
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 title empowered.

SIGNATURE: DATE 4/28/06 DAYTIME PHONE # 352-588 2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR