


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90221 012 \*\*\*\*70.00

<b>DOCUMENT # N05000003893</b>			
1. Entity Name BIRCHWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.			
Principal Place of Business 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576		Mailing Address 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576	
2. Principal Place of Business - No P.O. Box # 20127 BAY CEDAR AVE		3. Mailing Address 20127 BAY CEDAR AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33647		Country USA	
4. FEI Number 20-2690834		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TYLER, JONNIE R 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576		7. Name and Address of New Registered Agent Name <u>Chad Stahlman</u> Street Address (P.O. Box Number is Not Acceptable) <u>20127 Bay Cedar Ave</u> City <u>Tampa</u> FL Zip Code <u>33647</u>	
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 <u>Chad Stahlman</u> <u>Chad Stahlman</u> DATE <u>2/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIEFF, ROBERT D 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAHLMAN, CHAD 20127 BAY CEDAR AVE TAMPA, FLORIDA 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCARO, LAUREN 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OZGOL, DEBBIE 20170 BAY CEDAR AVE TAMPA, FLORIDA 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORREST, RON 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALTUNA, MARGARITA 20141 BAY CEDAR AVE TAMPA, FLORIDA 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: <u>Chad Stahlman</u> <u>Chad Stahlman</u>		Date <u>2/28/07</u> Daytime Phone # <u>(706) 224-0596</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			