


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 # N05000003894

1. Entity Name
 DRIFTWOOD 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

66013417



2. Principal Place of Business
 11500 Old Tampa Bay Dr
 Suite, Apt. #, etc.

3. Mailing Address
 11500 Old Tampa Bay Dr
 Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State
 San Antonio, Fl

City & State
 San Antonio, Fl

Zip
 33576

Country

Zip
 33576

Country

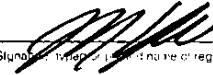
4. FEI Number
 20-2691119

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GERSON, GARY N 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401		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 of officer or director of the corporation or 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Robert D Krieff 11500 Old Tampa Bay Dr San Antonio, Fl 33576	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	V Lauren Arcaro 11500 Old Tampa Bay Dr San Antonio, Fl 33576	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T Ron Forrest 11500 Old Tampa Bay Dr San Antonio, Fl 33576	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:  DATE **4/20/06** 352-588-2100

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