


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90026 026 \*\*\*\*61.25

**DOCUMENT # N05000003894**

1. Entity Name  
**DRIFTWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.**



40076925

Principal Place of Business  
**16242 NORTH FLORIDA AVE  
 LUTZ, FL 33549**

Mailing Address  
**16242 NORTH FLORIDA AVE  
 LUTZ, FL 33549**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2691119**

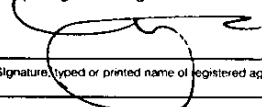
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TYLER, JONNIE R  
 16242 NORTH FLORIDA AVE  
 LUTZ, FL 33549**

7. Name and Address of New Registered Agent  
 Name **LandArc, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable) **6150 State Rd. 70**  
 City **Bradenton** FL Zip Code **34203**

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 **4-16-08**

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, 2008**

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	<b>P FEATHER, RICK 16242 NORTH FLORIDA AVE LUTZ, FL 33549</b> <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	<b>VP ARCARO, LAUREN 16242 NORTH FLORIDA AVE LUTZ, FL 33549</b> <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	<b>T MEADOWS, ROBERT 16242 NORTH FLORIDA AVE LUTZ, FL 33549</b> <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
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:  DATE **4-16-08**

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



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Entity Name Search

## Detail by Entity Name

### Florida Non Profit Corporation

DRIFTWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

### Filing Information

**Document Number** N05000003894  
**FEI Number** 202691119  
**Date Filed** 04/15/2005  
**State** FL  
**Status** ACTIVE

### Principal Address

16242 NORTH FLORIDA AVE  
LUTZ FL 33549

Changed 04/26/2007

### Mailing Address

16242 NORTH FLORIDA AVE  
LUTZ FL 33549

Changed 04/26/2007

### Registered Agent Name & Address

TYLER, JONNIE R  
16242 NORTH FLORIDA AVE  
LUTZ FL 33549 US

Name Changed: 05/01/2006

Address Changed: 04/26/2007

### Officer/Director Detail

#### Name & Address

Title P

FEATHER, RICK  
16242 NORTH FLORIDA AVE  
LUTZ FL 33549

Title VP

ARCARO, LAUREN  
16242 NORTH FLORIDA AVE  
LUTZ FL 33549

# ATTACHMENT

40076925  
# N0500000 3894

**Title T**

MEADOWS, ROBERT  
16242 NORTH FLORIDA AVE  
LUTZ FL 33549

## Annual Reports

**Report Year Filed Date**

2006 05/01/2006  
2007 04/26/2007

## Document Images

- 04/26/2007 -- ANNUAL REPORT
- 05/01/2006 -- ANNUAL REPORT
- 04/15/2005 -- Domestic Non-Profit

**Note:** This is not official record. See documents if question or conflict.

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