

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003894

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 20-2691119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRISCIA, FRANK  
5550 W. EXECUTIVE DR.  
SUITE 250  
TAMPA, FL 33609 US

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

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:**

Title: VP  
Name: HAMMEL, HARRIET  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: P  
Name: SNAPP, JAY  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: ARAVJO, ARTUR  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: MONSERRATE, FRANK  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: ST  
Name: MYLROIE, KRISTINE  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

I hereby 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 all other like empowered.

SIGNATURE: JAY SNAPP

P

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date