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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001056 (1)

1. Corporation Name

LIVE OAK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
2955 PINEDA CAUSEWAY SUITE 117 MELBOURNE FL 32940 US	2955 PINEDA CAUSEWAY SUITE 117 MELBOURNE FL 32940 US

2. Principal Place of Business	2a. Mailing Address
21 200 N. 1st Street	26 200 N. 1st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Cocoa Beach, FL	28 Cocoa Beach, FL
Zip	Zip
24 32931	29 32931
Country	Country
25 Brevard	30 Brevard

3. Date Incorporated or Qualified	Applied For
03/02/1993	
4. FEI Number	Not Applicable
65-0512956	

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
WATSKY, MORRIS J 700 N.W. 107 AVE. MIAMI FL 33172	

10. Name and Address of New Registered Agent	
81 Name	Mark Cueroni, Pres.
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	4873 Erin Lane
84 City	Melbourne, FL
85 Zip Code	32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE  DATE 4/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTER, KATHY B	1.2 NAME	Cueroni, Mark
STREET ADDRESS	2955 PINEDA CAUSEWAY, #117	1.3 STREET ADDRESS	4873 Erin Lane
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne, FL
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAMSEY, LAUREEN	2.2 NAME	Vandall, Michael
STREET ADDRESS	2955 PINEDA CAUSEWAY 117	2.3 STREET ADDRESS	4856 Erin Lane
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Sec/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUERONI, MARK	3.2 NAME	Oliva, Joseph
STREET ADDRESS	2955 PINEDA CAUSEWAY 117	3.3 STREET ADDRESS	4983 Erin Lane
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULLEN, AARON	4.2 NAME	MCCrosson, Cheryl
STREET ADDRESS	2955 PINEDA CAUSEWAY 117	4.3 STREET ADDRESS	4877 Erin Lane
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DeRoy, Peggi
STREET ADDRESS		5.3 STREET ADDRESS	2861 Mariah Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Melbourne, FL 32940
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE 4/17/98 407 242-7486

CR2E037 (10/97)