

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003894

**FILED**  
**Mar 09, 2015**  
**Secretary of State**  
**CC8092648215**

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

**Current Principal Place of Business:**

4131 GUNN HWY  
TAMPA, FL 33618

**Current Mailing Address:**

4131 GUNN HWY  
TAMPA, FL 33618

**FEI Number:** 20-2691119

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

Title SEC  
Name CRUZ, JOSE  
Address 4131 GUNN HWY  
City-State-Zip: TAMPA FL 33618

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

Title T  
Name MYLROIE, KRISTINE  
Address 4131 GUNN HWY  
City-State-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:** KRISTINE MYLROIE

P

03/09/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date