

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000032445

**Entity Name:** FFT LIVINGSTONE INVESTORS, INC.

**FILED**  
**Jan 04, 2023**  
**Secretary of State**  
**2368904660CC**

**Current Principal Place of Business:**

1511 RIDGESIDE DRIVE  
C  
MOUNT AIRY, MD 21771

**Current Mailing Address:**

1511 RIDGESIDE DRIVE  
C  
MOUNT AIRY, MD 21771

**FEI Number: 52-2130019**

**Certificate of Status Desired: Yes**

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

YOVANOVICH, RICHARD ESQ  
GOODLETTE, COLEMAN, JOHNSON, P.A  
NORTHERN TRUST BK BLDG, 4001 TAMiami TR N  
NAPLES, FL 34103 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 FALLER, SAMUEL J  
Address 1511 RIDGESIDE DRIVE, SUITE C  
City-State-Zip: MOUNT AIRY MD 21771

Title EXECUTIVE VICE PRESIDENT  
Name LAVO, JAMES J  
Address 1511 RIDGESIDE DRIVE  
C  
City-State-Zip: MOUNT AIRY MD 21771

Title DIRECTOR  
Name SAMUEL J. FALLER NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR  
Name ROBERT O. FALLER NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR  
Name ROBIN E. DURST NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR  
Name LINDA J. RILEY NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR  
Name KAREN D. BARBER NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR  
Name CHRISTOPHER ROBERT FALLER NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905

**Continues on page 2**

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES J LAVO**

**VP**

**01/04/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CHRISTY ANN DONAGHY NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905

Title DIRECTOR  
Name CHARLES FALLER IV NON-EXEMPT TRUST  
Address 3281 SANCTUARY DRIVE  
City-State-Zip: FORT MYERS FL 33905