FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725195 (2)

1. Corporation Name
LIVE OAK VILLAGE CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
531 A MIDWAY DRIVE OCALA FL 34472 US	531 A MIDWAY DRIVE OCALA FL 32672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1973
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-1525238 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

EUBANKS, MILDRED F.
544 A MIDWAY DR.
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name: HAROLD R. WORDEN
82 Street Address (P.O. Box Number is Not Acceptable): 501-A MIDWAY DR.
83:
84 City: OCALA FL 85 Zip Code: 34472

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Harold R. Worden HAROLD R. WORDEN - PRESIDENT — DATE: 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	WESTLAKE, ERNEST	1.2 NAME	CORBY, ROBERT	
STREET ADDRESS	563-B MIDWAY DR	1.3 STREET ADDRESS	508-A MIDWAY DR	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA FL. 34472	
TITLE	D	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CHASTEEN, WILLIAM	2.2 NAME	HENNELL, WILLARD J.	
STREET ADDRESS	577-A MIDWAY DRIVE	2.3 STREET ADDRESS	570-B MIDWAY DR	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA FL. 34472	
TITLE	D	3.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WORDEN, HAROLD R.	3.2 NAME		
STREET ADDRESS	501 A MIDWAY DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VPT	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	MANZ, MERRILL	4.2 NAME	TAYLOR, GEORGE J.	
STREET ADDRESS	477-B MIDWAY DR	4.3 STREET ADDRESS	579-A MIDWAY DR.	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	OCALA FL 34472	
TITLE	D	5.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	RIDGEWAY, EDWARD E	5.2 NAME		
STREET ADDRESS	558-A MIDWAY DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	EUBANKS, MILDRED F	6.2 NAME	BENNETT, FRANK E.	
STREET ADDRESS	544-A MIDWAY DR	6.3 STREET ADDRESS	526-A MIDWAY DR	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	OCALA, FL. 34472	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harold R. Worden HAROLD R. WORDEN — 4/24/95 — 904-687-4749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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