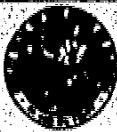


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
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 3472
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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

4/26/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WESTLAKE, ERNEST
563-B MIDWAY DR
OCALA FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**DIRECTOR
CORBY ROBERT
608-A MIDWAY DR
OCALA FL. 34472** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHASTEEN, WILLIAM
577-A MIDWAY DRIVE
OCALA FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**DIRECTOR
HENNELL WILLARD J.
570-B MIDWAY DR
OCALA FL. 34472** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WORDEN, HAROLD R.
501 A MIDWAY DRIVE
OCALA, FL 00000**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
MANZ, MERRILL
477-B MIDWAY DR
OCALA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**TREASURER
TAYLOR GEORGE J.
579-A MIDWAY DR.
OCALA FL 34472** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIDGEWAY, EDWARD E
558-A MIDWAY DR
OCALA FL**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
VICE PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
EUBANKS, MILDRED F
544-A MIDWAY DR
OCALA FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**DIRECTOR
BENNETT FRANK E.
526-A MIDWAY DR
OCALA, FL. 34472** ☒ Change ☐ Addition

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

DATE

904-687-4749

PHONE (Area #)