

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735388

1. Entity Name

LIVE OAK ACRES HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

3318 SE 29TH BLVD
GAINESVILLE FL 32641
US

Mailing Address

2905 SE 36TH LN
GAINESVILLE FL 32641-9310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2514228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELOACH, DEBBIE
2905 SE 36TH LN
GAINESVILLE FL 32641

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOMER, CYNTHIA ☐ Delete
STREET ADDRESS 3318 SE 29TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME DELOACH, DEBBIE ☐ Delete
STREET ADDRESS 2905 SE 36TH LN
CITY-ST-ZIP GAINESVILLE FL 32641-9310

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BOSTWICK, PATTI ☐ Delete
STREET ADDRESS 3118 SE 29 LN
CITY-ST-ZIP GAINESVILLE FL 32641-9310

TITLE VD ☐ Change ☒ Addition
NAME BEN BALLARD
STREET ADDRESS 3019 S.E. 29TH LN
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WATSON, CLOVIS
STREET ADDRESS 3118 SE 29TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (352) 372-2169

Date

Daytime Phone #

CR2E037 (10/00)

002117

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90025 030 ****61.25



DO NOT WRITE IN THIS SPACE