

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735388

FILED
May 01, 2008
Secretary of State

Entity Name: LIVE OAK ACRES HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2905 SE 36TH LN
GAINESVILLE, FL 32641 US

New Principal Place of Business:

Current Mailing Address:

2905 SE 36TH LN
GAINESVILLE, FL 32641 US

New Mailing Address:

FEI Number: 59-2514228 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRATER, JEFFREY T
2905 SE 36TH LN
GAINESVILLE, FL 32641 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRATER, JEFFREY T
Address: 2905 SE 36TH LN
City-St-Zip: GAINESVILLE, FL 32641 US

Title: TD () Delete
Name: ULMER, STEPHEN
Address: 3122 SE 29 BVD
City-St-Zip: GAINESVILLE, FL 32641

Title: VD () Delete
Name: EASTON, ROBERT
Address: 3024 SE 29 BVD
City-St-Zip: GAINESVILLE, FL 32641

Title: SD () Delete
Name: AHERN, FRANK
Address: 3006 SE 29 BVD NE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN ULMER

TD

05/01/2008

Electronic Signature of Signing Officer or Director

Date