

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

CORPORATION  
ANNUAL REPORT  
1995



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY - 1 14 9:07

DOCUMENT # **751942** (4)

**LIVINGSTON MEADOWS PROPERTY OWNERS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 7119 W. LIVINGSTON ST. ORLANDO FL 32835-8026  
Mailing Address: 7119 W. LIVINGSTON ST. ORLANDO FL 32835-8026

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified	3a. Date of Last Report
04/09/1980	05/01/1994
4. FFI Number	Applied For / Not Applicable
59-2964351	
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
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible taxes under s. 199, U.S.C. Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt # etc	26. Suite, Apt # etc
22. City & State	27. City & State
23. Co. County	28. Co. County
24. Co. County	29. Co. County
25. Co. County	30. Co. County

9. Name and Address of Current Registered Agent

81 Name: **SLAUGHTER, BRANTLEY**  
82 Street Address (P.O. Box Number is Not Acceptable): **7119 W. LIVINGSTON ST.**  
83 **ORLANDO FL 32811**  
84 City: **ORLANDO** FL 85 Zip Code: **32811**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607 0602 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, BRANTLEY	12 NAME	
STREET ADDRESS	7119 W. LIVINGSTON ST	13 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, ROBERT A.	22 NAME	
STREET ADDRESS	6937 W. LIVINGSTON ST.	23 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	24 CITY, ST, ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESCH, LOUISE	32 NAME	
STREET ADDRESS	7140 W. LIVINGSTON ST.	33 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. M. SCOHE	42 NAME	
STREET ADDRESS	1455 N PINE HILLS ROAD	43 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO, FLA	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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(4)(k), Florida Statutes. Further, I 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 prepare 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: **BRANTLEY SLAUGHTER** *Brantley Slaughter* **4-20-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR