


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **751942** (4)

1. Corporation Name

LIVINGSTON MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7119 W. LIVINGSTON ST.
ORLANDO FL 32835-026
US**

**7119 W. LIVINGSTON ST.
ORLANDO FL 32835-026
US**



3. Date Incorporated or Qualified

04/09/1980

4. FEI Number

59-2964351

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLAUGHTER, BRANTLEY
7119 W. LIVINGSTON ST.
ORLANDO FL 32811**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SLAUGHTER, BRANTLEY**
CITY-ST-ZIP **7119 W. LIVINGSTON ST
ORLANDO FL**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **EVANS, ROBERT A.**
CITY-ST-ZIP **6837 W. LIVINGSTON ST.
ORLANDO FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **STONE, J M**
CITY-ST-ZIP **1453 N. PINE HILLS RD
ORLANDO FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DALE SWORDER**
CITY-ST-ZIP **344 CINNAMON BARK LANE
ORLANDO, FLA 32835**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WALTER E. VERTH**
CITY-ST-ZIP **22 S. HOWELL AVE
ORLANDO, FLA 32835**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 as an attachment with an address.

SIGNATURE: *[Signature]* **#3224** **5-1-98** **407-291-1555**

CR2E037 (10/97)