

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751942

1. Corporation Name

LIVINGSTON MEADOWS PROPERTY OWNERS ASSOCIATION, INC.

2000

Principal Place of Business

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

Mailing Address

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -3 AM 7:15



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/09/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2964351
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 <i>CKND, 3301</i>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SLAUGHTER, BRANTLEY	1.2 NAME	
STREET ADDRESS	7119 W. LIVINGSTON ST	1.3 STREET ADDRESS	700003256277-2
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	-05/17/00--01082--028
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	EVANS, ROBERT A.	2.2 NAME	
STREET ADDRESS	6937 W. LIVINGSTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STONE, J M	3.2 NAME	
STREET ADDRESS	1453 N. PINE HILLS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SWODES, DALE	4.2 NAME	
STREET ADDRESS	344 CINNAMON BARK LANES	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VEITH, WALTER E.	5.2 NAME	
STREET ADDRESS	225 NOWELL AVE NOWELL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brantley Slaughter Date: 4-30-2000 Daytime Phone: 291-156402