

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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

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

CKNO.
3301

10. Name and Address of New Registered Agent

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

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 1.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Brantley Slaughter 4-30-2000 402-291-156