

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Sep 21, 2004 8:00 am**  
**Secretary of State**

09-21-2004 90001 002 \*\*\*\*61.25

**DOCUMENT # 751942**  
1. Entity Name  
**LIVINGSTON MEADOWS PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business: **7119 W. LIVINGSTON ST.  
ORLANDO FL 32835-026  
US**  
Mailing Address: **7119 W. LIVINGSTON ST.  
ORLANDO FL 32835-026  
US**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2964351**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional  
Fee Required**



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**SLAUGHTER, BRANTLEY**  
**7119 W. LIVINGSTON ST.**  
**ORLANDO FL 32811**

**7. Name and Address of New Registered Agent**  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	SLAUGHTER, BRANTLEY	
STREET ADDRESS	7119 W. LIVINGSTON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ROBERT A	
STREET ADDRESS	6937 W. LIVINSTON ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWORDES, DALE	
STREET ADDRESS	344 CINNAMON BARK LANES	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEITH, WALTER E	
STREET ADDRESS	225 NOWELL	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, DUANE	
STREET ADDRESS	318 N HIWASSEE RD	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brantley Slaughter **9-5-04** **407-247-2997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #