

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

07-26-2005 90026 029 \*\*\*\*66.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

**59-2964351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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  
NAME SLAUGHTER, BRANTLEY  
STREET ADDRESS 7119 W. LIVINGSTON ST  
CITY- ST- ZIP ORLANDO FL ☐ Delete

TITLE D  
NAME SWORDES, DALE  
STREET ADDRESS 344 CINNAMON BARK LANES  
CITY- ST- ZIP ORLANDO FL 32835 ☐ Delete

TITLE D  
NAME VEITH, WALTER E  
STREET ADDRESS 225 NOWELL  
CITY- ST- ZIP ORLANDO FL 32835 ☐ Delete

TITLE S  
NAME ZIMMERMAN, DUANE  
STREET ADDRESS 318 N HIAWASSEE RD  
CITY- ST- ZIP ORLANDO FL 32835 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#1588

7-18-05

407-247-2997

Date

Daytime Phone #