

**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	<input type="checkbox"/> Delete
NAME	SLAUGHTER, BRANTLEY	
STREET ADDRESS	7119 W. LIVINGSTON 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 HIAWASSEE RD	
CITY - ST - ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#1580

7-18-05  
 Date

407-247-2897  
 Telephone Phone #