

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

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



07092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2964351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE _____

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SLAUGHTER, BRANTLEY 7119 W. LIVINGSTON ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWORDES, DALE 344 CINNAMON BARK LANES ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEITH, WALTER E 225 NOWELL ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIMMERMAN, DUANE 318 N HIAWASSEE RD ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000770911
07/31/07-80006-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #