


**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      Mailing Address

7119 W. LIVINGSTON ST.  
 ORLANDO, FL 32835-026 US

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 ORLANDO, FL 32835-026 US

**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
 59-2964351      Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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	PD
NAME	SLAUGHTER, BRANTLEY
STREET ADDRESS	7119 W. LIVINGSTON ST
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	SWORDES, DALE
STREET ADDRESS	344 CINNAMON BARK LANES
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	VEITH, WALTER E
STREET ADDRESS	225 NOWELL
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	S
NAME	ZIMMERMAN, DUANE
STREET ADDRESS	318 N HIAWASSEE RD
CITY-ST-ZIP	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: *Brantley Slaughter*      7-10-07      297-2997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #