

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90199 049 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Signature of Brantley Slaughter*

*4-21-2003*

*407-247-2997*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)