

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90105 018 ****61.25

DOCUMENT # 759268

1. Entity Name
LIVE OAK VILLAS CONDOMINIUM ASSOCIATION, INC.



40023409



Principal Place of Business
**526 LIVE OAK ST
EDGEWATER, FL 32132-1510 US**

Mailing Address
**526 LIVE OAK ST
EDGEWATER, FL 32132-1510 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2287664

Applied For
Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**HILES, JACQUELINE
526 LIVE OAK STREET
SUITE 105
EDGEWATER, FL 32132**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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** ☐ Delete
NAME **HILES, JACQUELINE**
STREET ADDRESS **526 LIVE OAK STREET #105**
CITY-ST-ZIP **EDGEWATER, FL 32132**

TITLE **VD** ☐ Delete
NAME **LARSON, OMAR L**
STREET ADDRESS **257 MINORCA BEACH WAY, # 102**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 321692042**

TITLE **STD** ☐ Delete
NAME **SIMMONS, JOHN W**
STREET ADDRESS **526 LIVE OAK STREET #107**
CITY-ST-ZIP **EDGEWATER, FL 32132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

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

3/28/06
Date

Daytime Phone #