

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90135 036 ****61.25

DOCUMENT # 759268



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

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2287664

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

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

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, 2008**

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 ☒ Delete ☐ Delete
NAME SIMONCOICS, FERENC
STREET ADDRESS 526 LIVE OAK ST. #102
CITY-ST-ZIP EDGEWATER, FL 32132

TITLE S ☐ Delete
NAME CANTY, RAYONA
STREET ADDRESS 526 LIVE OAK ST., #111
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 Pres. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Mat Ratra
CITY-ST-ZIP P.O Box 1090
Edgewater, FL 32132

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

V. Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

Daytime Phone #