2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 759268

Entity Name: LIVE OAK VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

526 LIVE OAK ST
EDGEWATER, FL 321321510 US

New Principal Place of Business:

Current Mailing Address:

526 LIVE OAK ST
EDGEWATER, FL 321321510 US

New Mailing Address:

FEI Number: 59-2287664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: RATRA, MAT
Address: PO BOX 1090
City-St-Zip: EDGEWATER, FL 32132

Title: P ( ) Delete
Name: SIMONCOICS, FERENC
Address: 526 LIVE OAK ST. #102
City-St-Zip: EDGEWATER, FL 32132

Title: S ( ) Delete
Name: CANTY, RAYONA
Address: 526 LIVE OAK ST., #111
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: TIDWELL, DON
Address: 710 BOJENE CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32132

Title: P (X) Change ( ) Addition
Name: SIMONCSICS, FERENC
Address: 526 LIVE OAK ST. #102
City-St-Zip: EDGEWATER, FL 32132

Title: S (X) Change ( ) Addition
Name: JACQUELINE, HILES
Address: 526 LIVE OAK ST., #105
City-St-Zip: EDGEWATER, FL 32132

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERENC SIMONCSICS P 04/27/2009

Electronic Signature of Signing Officer or Director — Date