

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759268

FILED  
Apr 27, 2012  
Secretary of State

**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:**

728 CANAL ST  
NEW SMYRNA BEACH, FL 32168 US

**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:**

C M LYBRAND & CO LLC  
728 CANAL ST  
NEW SMYRNA BEACH, FL 32168 US

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:** C M LYBRAND

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** TIDWELL, DON  
**Address:** 710 BOJENE CIRCLE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32132 US

**Title:** P  
**Name:** SIMONCSICS, FERENC  
**Address:** 526 LIVE OAK ST. #102  
**City-St-Zip:** EDGEWATER, FL 32132 US

**Title:** S  
**Name:** JACQUELINE, GARRETT  
**Address:** 10214TH ST  
**City-St-Zip:** PORT ORANGE, FL 32129 US

I hereby 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 all other like empowered.

**SIGNATURE:** C M LYBRAND

RA

04/27/2012

Electronic Signature of Signing Officer or Director

Date