2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000000169

1. Entity Name
LIVE OAK RESERVE HOMEOWNERS ASSOCIATION, INC.

FILED
08 DEC 24 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1750 W. BROADWAY ST. SUITE #220 OVIEDO, FL 32765	PO BOX 620368 OVIEDO, FL 32762

11182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. c/o LPI 2585 Turtlemound Rd.
City & State	City & State Melbourne, FL
Zip / Country	Zip 32934 / Country USA

4. FEI Number 65-1047729 ☐ 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
DAVIS, KEVIN 1750 W. BROADWAY ST. SUITE #220 OVIEDO, FL 32765	Name Lighthouse Properties, Int., Inc. Street Address (P.O. Box Number is Not Acceptable) 2585 Turtlemound Rd. City Melbourne FL Zip Code 32934

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] 11/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENNETT, RALPH 3294 RED ASH CIRCLE OVIEDO, FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500139272025 12/24/08--01046--017 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SUEHLE, SCOTT 1667 WILD INDIGO TERRACE OVIEDO, FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUSECMIC, KERRI 3450 DIAMOND LEAF LN OVIEDO, FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MURPHY, BRIAN 2416 BROKEN ELM PLACE OVIEDO, FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELFAND, ROBERT 2537 DOUBLE TREE PLACE OVIEDO, FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, MATTHEW 2372 WILLOW DROP WAY OVIEDO, FL 32766	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 12-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #