

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N00000002931

1. Entity Name
LIVINGSTON COMMONS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

Mailing Address
**215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

FILED
Apr 10, 2006 08:00 AM
Secretary of State



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number
73-1635278

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCCLANE, J. BROCK
215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 retreating)

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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DT
MCCLANE, J. BROCK
215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DS
DIMASI, JOHN
215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
SHAPIRO, PETER
215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
PERLA, HENRY
215 E. LIVINGSTON STREET
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**U00000501219
04/25/06-80052-022 61.25**

**DO NOT WRITE
IN THIS SPACE**

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:

J. Brock McClane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

4-5-06 407-3457702