

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

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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



03022007 No Chg-NP

CR2E037 (4/06)

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000680131
03/19/07-80013-016 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/07 407-245-7700