


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000007081</b> 1. Entity Name LIVINGSTON LAKES ASSOCIATION, INC.	
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Principal Place of Business 600 5 AVE S STE 207 NAPLES, FL 34102	Mailing Address 600 5 AVE S STE 207 NAPLES, FL 34102
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**DO NOT WRITE IN THIS SPACE**



04202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1881948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

BRUGGER, JOHN N  
600 5 AVE S STE 207  
NAPLES, FL 34102

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUGGER, JOHN N 600 5 AVE S STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BRUGGER, JOHN N 600 5 AVE S STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, TERESA M 600 5 AVE S STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, MARIA 600 5 AVE S STE 207 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000735209  
05/10/07-80024-018 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:**  **John D. Brugger** **4/23/07** **263-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #