

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 22, 2011**  
**Secretary of State**

DOCUMENT# N02000007670

**Entity Name:** LIVE OAK PRESERVE ASSOCIATION, INC.**Current Principal Place of Business:**4131 GUNN HWY  
TAMPA, FL 33618**New Principal Place of Business:****Current Mailing Address:**4131 GUNN HWY  
TAMPA, FL 33618**New Mailing Address:****FEI Number:** 20-0949278**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MEZER, STEVE  
1801 NORTH HIGHLAND AVENUE  
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**ELLIS, JONATHAN  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA, FL 33602 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: JONATHAN ELLIS

09/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MICALLEF, FRANK  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: MARTEL, JOHN  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: T  
Name: CEPARANO, MIKE  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: VP  
Name: LEONE, ANTHONY  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: COHEN, SHELDON  
Address: 4131 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

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: FRANK MICALLEFF

P

09/22/2011

Electronic Signature of Signing Officer or Director

Date