

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

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02034

1. Entity Name
**LIVE OAK PROFESSIONAL PARK OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**C/O RONALD J ROZANSKI DMD
1500 SE 17TH ST BLDG 300
OCALA, FL 34771-4669 US**

Mailing Address
**C/O RONALD J ROZANSKI DMD
1500 SE 17TH ST BLDG 300
OCALA, FL 34771-4669 US**



02222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2383086

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KREHL, GERARD S.
320 NW 3RD AVENUE
OCALA, FL 34470**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1000000447982
03/08/06-80078-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **ZUKOSKI, JOSEPH J., JR.**
STREET ADDRESS **1500 SE 17TH ST.**
CITY-ST-ZIP **OCALA, FL**

TITLE **D**
NAME **DARBY, JOHN F.**
STREET ADDRESS **1500 SE 17TH ST.**
CITY-ST-ZIP **OCALA, FL**

TITLE **PD**
NAME **MORSE, KENNETH H.**
STREET ADDRESS **1500 SE 17TH ST.**
CITY-ST-ZIP **OCALA, FL**

TITLE **DST**
NAME **PAIGE, STEPHEN**
STREET ADDRESS **1500 SE 17TH ST.**
CITY-ST-ZIP **OCALA, FL**

TITLE **D**
NAME **ROZANSKI, RONALD.**
STREET ADDRESS **1500 SE 17TH ST.**
CITY-ST-ZIP **OCALA, FL**

TITLE **VP**
NAME **MANN, RICHARD**
STREET ADDRESS **1500 SE 17TH ST.**
CITY-ST-ZIP **OCALA, FL**

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Rozanski / Ronald Rozanski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06
Date

352-732-667
Daytime Phone #