2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N02034

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

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

01272007 No Chg-NP CR2E037 (4/06)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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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03/06/07-80022-003 61.25

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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: _____ 2/13/07 352-732-6676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #