

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02034

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

C/O RONALD J ROZANSKI DMD
1500 SE 17TH ST BLDG 300
OCALA, FL 347714669 US

New Principal Place of Business:

Current Mailing Address:

C/O RONALD J ROZANSKI DMD
1500 SE 17TH ST BLDG 300
OCALA, FL 347714669 US

New Mailing Address:

FEI Number: 59-2383086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZUKOSKI, JOSEPH J., JR.
Address: 1500 SE 17TH ST.
City-St-Zip: OCALA, FL

Title: D () Delete
Name: DARBY, JOHN F.,
Address: 1500 SE 17TH ST.
City-St-Zip: OCALA, FL

Title: PD () Delete
Name: MORSE, KENNETH H.,
Address: 1500 SE 17TH ST.
City-St-Zip: OCALA, FL

Title: DST () Delete
Name: PAIGE, STEPHEN,
Address: 1500 SE 17TH ST.
City-St-Zip: OCALA, FL

Title: D () Delete
Name: ROZANSKI, RONALD.,
Address: 1500 SE 17TH ST.
City-St-Zip: OCALA, FL

Title: VP () Delete
Name: MANN, RICHARD,
Address: 1500 SE 17TH ST.
City-St-Zip: OCALA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD J. ROZANSKI

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date