APPROVED
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05-02-2005-90524 006 70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50045745

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010153

1. Entity Name
BRENTWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

02012005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR CORAL SPRINGS, FL 33065	3300 UNIVERSITY DR CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
11500 Old Tampa Bay Dr	11500 Old Tampa Bay Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Antonio, Fl	City & State: San Antonio, Fl
Zip: 33576 Country:	Zip: 33576 Country:

4. FEI Number: 20-1228273 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMON, ERIC A 2825 UNIVERSITY DR STE 300 CORAL SPRINGS, FL 33065	Name: Jonnie R. Tyler Street Address (P.O. Box Number is Not Acceptable): 11500 Old Tampa Bay Dr. City: San Antonio **FL** Zip Code: 33576

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 _____ 4-4-05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST DIFIORE, CORA 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Leikert, Paul 3300 University Dr., Ste 100 Coral Springs, Fl 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KREIFF, ROBERT 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Arcaro, Lauren 3300 University Dr., Ste 100 Coral Springs, Fl 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ K. Ecker SEP 22 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #