

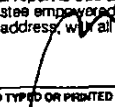
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 SEP 22 AM 8:38
05-02-2005-90524 008 70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50045745

DOCUMENT # N03000010153					
1. Entity Name BRENTWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.					
Principal Place of Business 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065			Mailing Address 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065		
2. Principal Place of Business 11500 Old Tampa Bay Dr		3. Mailing Address 11500 Old Tampa Bay Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State San Antonio, Fl		City & State San Antonio, Fl		4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33576	Country	Zip 33576	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMON, ERIC A 2825 UNIVERSITY DR STE 300 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent 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  DATE 4-4-05					
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 #		