

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90011 040 ****61.25

DOCUMENT # N03000010153 1. Entity Name BRENTWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.			
Principal Place of Business 11500 OLD TAMPA BAY DR. SAN ANTONIO, FL 33576		Mailing Address 11500 OLD TAMPA BAY DR. SAN ANTONIO, FL 33576	
2. Principal Office Greenacre Properties 4131 Gunn Highway Tampa, FL 33618		3. Mailing Office Greenacre Properties 4131 Gunn Highway Tampa, FL 33618	
4. FEI Number 20-1228273		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		USA	
6. Name and Address of Current Registered Agent TYLER, JONNIE R 11500 OLD TAMPA BAY DR. SAN ANTONIO, FL 33576		7. Name and Address of New Registered Agent Name _____ Street Address Frank Friscia 500 North Westshore Blvd. Ste. 830 City Tampa, FL 33609-1990	
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 2/2/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD KREIFF, ROBERT 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charpentier, Marcel 4131 Gunn Highway Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIKERT, PAUL 3300 UNIVERSITY DR STE 100 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michna, Ron 4131 Gunn Highway Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARCARO, LAUREN 3300 UNIVERSITY DR STE 100 CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Burklow, Scott 4131 Gunn Highway Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sharp, Steve 4131 Gunn Highway Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kleer, Norma 4131 Gunn Highway Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	