

78 **2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N03000010154

1. Entity Name

CEDARWOOD AT LIVE OAK PRESERVE ASSOCIATION,
INC.



**FILED
Apr 26, 2007 8:00 am
Secretary of State**

04-26-2007 90180 027 ****61.25



1st MOORE CR2E037 (10/06)

Principal Place of Business		Mailing Address	
STERLING MANAGEMENT SERVICES 2870 SCHERER DR STE 100 SAINT PETERSBURG FL 33716		STERLING MANAGEMENT SERVICES 2870 SCHERER DR STE 100 SAINT PETERSBURG FL 33716	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TYLER, JONNIE R 11500 OLD TAMPA BAY DR. SAN ANTONIO FL 33576		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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	
<p>TITLE: P NAME: GREEN, DARREL STREET ADDRESS: 20020 NOB OAK AVE CITY-ST-ZIP: TAMPA FL 33647</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: S NAME: Sherry Dudley William STREET ADDRESS: 20129 Nob Oak Ave. CITY-ST-ZIP: Tampa, FL 33647</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>	
<p>TITLE: VP NAME: CAPRANO, MICHAEL STREET ADDRESS: 20026 NOB OAK AVE CITY-ST-ZIP: TAMPA FL 33647</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: I NAME: Israel Grigales STREET ADDRESS: 20039 Nob Oak Ave CITY-ST-ZIP: Tampa, FL 33647</p> <p><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>	
<p>TITLE: D NAME: PRYOR, RYAN STREET ADDRESS: 9212 OAK PRIDE CT CITY-ST-ZIP: TAMPA FL 33647</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: - NAME: - STREET ADDRESS: - CITY-ST-ZIP: -</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: D NAME: MAYER, GEORGE STREET ADDRESS: 20134 NOB OAK AVE CITY-ST-ZIP: TAMPA FL 33647</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: - NAME: - STREET ADDRESS: - CITY-ST-ZIP: -</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: D NAME: MAARTENS, NEIL STREET ADDRESS: 20031 NOB OAK AVE CITY-ST-ZIP: TAMPA FL 33647</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: - NAME: - STREET ADDRESS: - CITY-ST-ZIP: -</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p>TITLE: D NAME: LOPEZ, CARLOS STREET ADDRESS: 20028 NOB OAK AVE CITY-ST-ZIP: TAMPA FL 33647</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE: P NAME: - STREET ADDRESS: - CITY-ST-ZIP: -</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Sherry 22 April 07 727 299 9555