2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State
05-08-2008 90013 044 ****61.25

DOCUMENT # N03000010154

1. Entity Name

CEDARWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

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

1st MOORE CR2E037 (10/07)

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

4. FEI Number 20-1774220 ☐ 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
LEONARD J MANKIN, PA 28050 US 19 N STE 100 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 date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS $61.25
Due By May 1, 2008

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	S WILLIAM, SHERRY D 20129 NOB OAK AVE TAMPA FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTIAGO, William 20013 Nob OAK Ave. TAMPA, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CAPRANO, MICHAEL 20026 NOB OAK AVE TAMPA FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRYOR, RYAN 9212 OAK PRIDE CT TAMPA FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAJALES, ISREAL 20039 Nob OAK Ave. TAMPA, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAYER, GEORGE 20134 NOB OAK AVE TAMPA FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOTO, JAZMYN 9203 OAK Pride Ct. TAMPA, FL 33647	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAARTENS, NEIL 20031 NOB OAK AVE TAMPA FL 33647	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, CARLOS 20028 NOB OAK AVE TAMPA FL 33647	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Woods, Gerald 20036 NOB OAK Ave. TAMPA, FL 33647	☒ Change ☐ Addition

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 like empowered.

SIGNATURE: Michael Caprano Michael CAPRANO 4-29-08 727-299-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #