


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90447 001 ****70.00

DOCUMENT # N03000010157

1. Entity Name
 MAPLEWOOD VILLAGE 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

60031441



2. Principal Place of Business
 11500 Old Tampa Bay Dr

3. Mailing Address
 11500 Old Tampa Bay Dr

Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State
 San Antonio, Fl

City & State
 San Antonio, Fl

Zip
 33576

Country

4. FFI Number
 20-2205166

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

DIFIORE, CORA
 3300 UNIVERSITY DRIVE
 SUITE 001
 CORAL SPRINGS, FL 33065

5. Certificate of Status Desired \$8.75 Additional Fee Required

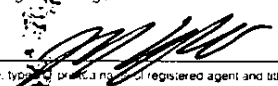
7. Name and Address of New Registered Agent

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 4-24-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

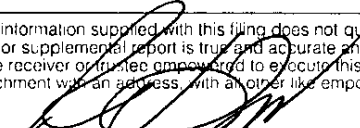
Filing Fee is \$61.25 Due by May 1, 2006

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	PD KREIFF, ROBERT 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST DIFIORE, CORA 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ron Forrest 11500 Old Tampa Bay Dr San Antonio, Fl 33576 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lauren Arcaro 11500 Old Tampa Bay Dr San Antonio, Fl 33576 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR