


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90075 011 \*\*\*\*70.00

<b>DOCUMENT # N03000010157</b>			
1. Entity Name MAPLEWOOD VILLAGE 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 Place of Business - No P.O. Box # 19907 tamiAmi Ave.		3. Mailing Address P.O. BOX 47629	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State tampa, FL		City & State tampa, FL	
Zip 33647		Zip 33647	
Country		Country	
4. FEI Number 20-2205166		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
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: ROSEMARY ROTHACKER Street Address (P.O. Box Number is Not Acceptable): 19907 tamiAmi Avenue City: tampa FL Zip: 33647	
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 obligation(s) of registered agent. SIGNATURE: ROSEMARY ROTHACKER, Treasurer      ROSEMARY ROTHACKER 2-8-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE			
Filing 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 IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREIFF, ROBERT 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD-SheLDon COHEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2002 Daytona Way tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORREST, RON 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD-ROSEMARY ROTHACKER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19907 tamiAmi Avenue tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCARO, LAUREN 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Enrique SOLANO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20103 tamiAmi Avenue tampa, FL 33647
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: ROSEMARY ROTHACKER		ROSEMARY ROTHACKER	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		2-8-07	
		813-127-2631	