

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90785 001 \*\*\*630.00

DOCUMENT # N05000003885

1. Entity Name  
STERLING OAK 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

00010761



2. Principal Place of Business

11500 Old Tampa Bay Dr

Suite, Apt. #, etc.

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

4. FEI Number

20-2691465

Applied For

Not Applicable

Zip

Country

33576

Zip

Country

33576

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GERSON, GARY N  
1645 PALM BEACH LAKES BLVD SUITE 1200  
WEST PALM BEACH, FL 33401

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

*[Signature]*

Signature must be printed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-06

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Robert D Krieff  
11500 Old Tampa Bay Dr  
San Antonio, FL 33576

VP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Lauren Arcaro  
11500 Old Tampa Bay Dr  
San Antonio, FL 33576

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Ron Forrest  
11500 Old Tampa Bay Dr  
San Antonio, FL 33576

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 #

4/24/06

352-5882100