


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90221 011 ****70.00

DOCUMENT # N05000003885 1. Entity Name STERLING OAK 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 # 16242 NORTH FLORIDA AVE		3. Mailing Address 16242 NORTH FLORIDA AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LUTZ, FLORIDA		City & State LUTZ, FLORIDA		4. FEI Number 20-2691465	
Zip 33549		Country USA		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 TYLER, JONNIE R Street Address (P.O. Box Number is Not Acceptable) 16242 NORTH FLORIDA AVE City LUTZ FL Zip Code 33549		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P KRIEFF, ROBERT D 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCARO, LAUREN 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORREST, RON 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEATHER, RICK 16242 NORTH FLORIDA AVE LUTZ, FLORIDA 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCARO, LAUREN 16242 NORTH FLORIDA AVE LUTZ, FLORIDA 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEADOWS, ROBERT 16242 NORTH FLORIDA AVE LUTZ, FLORIDA 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					