## 2006 NOT-FOR-PROFIT CORPORATION

## May 01, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # N05000003886 05-01-2006 90785 001 \*\*\*630.00 ROYAL OAK AT LIVE OAK PRESERVE ASSOCIATION. INC. Principal Place of Business Mailing Address 66013420 3300 UNIVERSITY DR 3300 UNIVERSITY DR CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address 11500 Old Tampa Bay Dr 11500 Old Tampa Bay Dr Suite, Apt. #, etc. Suite, Apt. #, etc. 04172006 CR2E037 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable San Antonio, San Antonio. 20-2691407 Country \$8.75 Additional 5. Certificate of Status Desired $\frac{1}{2}$ 33576 33576 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jonnie R Tyler Street Address (P.O. Box Number is Not Acceptable) GERSON, GARY N 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401 11500 Old Tampa Bay Dr City Zip Code FL 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 4-24-06 SIGNATURE (NOTE: Registered Agent signature required when reinstaling) name of registered agent and title it applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2006 Added to Fees p ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE X Addition ☐ Delete ☐ Change Robert D Krieff NAME NAME 11500 Old Tampa Bay Dr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP San Antonio, Fl Addition THLE ☐ Detete TITLE ☐ Change Lauren Arcaro NAME NAME STREET ADDRESS STREET ADDRESS 11500 Old Tampa Bay Dr CITY-ST-ZIP CITY-ST-ZIP San Antonio, Fl 33576 TITLE ☐ Delete TITLE Change XXAddition NAME NAME Ron Forrest STREET ADDRESS STREET ADDRESS 11500 Old Tampa Bay Dr CITY-ST-ZIP CITY-ST-ZIP San Antonio, FL 33576 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP

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 upon it 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 true elemporary to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

orier like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment will

SIGNATURE:

**FILED**