



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90814 001 \*\*\*350.00

<b>DOCUMENT # N05000003888</b> 1. Entity Name <b>OAK THORN AT LIVE OAK PRESERVE ASSOCIATION, INC.</b>					
Principal Place of Business <b>11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576</b>			Mailing Address <b>11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576</b>		
2. Principal Place of Business - No P.O. Box # <b>16242 NORTH FLORIDA AVE</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>16242 NORTH FLORIDA AVE</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>LUTZ, FLORIDA</b>		City & State <b>LUTZ, FLORIDA</b>		4. FEI Number <b>20-2691233</b>	
Zip <b>33549</b> Country <b>USA</b>		Zip <b>33549</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TYLER, JONNIE R 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576</b>				7. Name and Address of New Registered Agent Name <b>TYLER, JONNIE R</b> Street Address (P.O. Box Number is Not Acceptable) <b>16242 NORTH FLORIDA AVE</b> City <b>LUTZ</b> <b>FL</b> Zip Code <b>33549</b>	
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	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 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	T MEADOWS, ROBERT 16242 NORTH FLORIDA AVE LUTZ, FLORIDA 33549	<input 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 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.					
<b>SIGNATURE:</b>  <b>Richard Feather</b> <b>4-19-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**66012144**



03152007 Chg-NP CR2E037 (12/06)