


# 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 # N05000003890</b>   |                                 |  |  |  |  |
| <b>1. Entity Name</b><br>PINEWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.   |                                 |  |  |   |  |
| <b>Principal Place of Business</b><br>11500 OLD TAMPA BAY DR<br>SAN ANTONIO, FL 33576  |                                 |  | <b>Mailing Address</b><br>11500 OLD TAMPA BAY DR<br>SAN ANTONIO, FL 33576  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>16242 NORTH FLORIDA AVE   |                                 | <b>3. Mailing Address</b><br>16242 NORTH FLORIDA AVE                                       |  |   |  |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |  |   |  |
| City & State LUTZ, FLORIDA   |                                 | City & State LUTZ, FLORIDA   |  | 03152007 Chg-NP CR2E037 (12/06)   |  |
| Zip 33549 Country USA  |                                 | Zip 33549 Country USA  |  | <b>4. FEI Number</b><br>20-2691302  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |                                 |  |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>TYLER, JONNIE R<br>11500 OLD TAMPA BAY DR<br>SAN ANTONIO, FL 33576   |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>TYLER JONNIE R<br>Street Address (P.O. Box Number is Not Acceptable)<br>16242 NORTH FLORIDA AVE<br>City LUTZ FL Zip Code 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.</b>   |                                 |  |  |   |  |
| SIGNATURE _____<br><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<br/>Due by May 1, 2007</b>  |                                 | <b>9. Election Campaign Financing</b><br>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>   |   |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>KRIEFF, ROBERT D<br><b>STREET ADDRESS</b><br>11500 OLD TAMPA BAY DR<br><b>CITY-ST-ZIP</b><br>SAN ANTONIO, FL 33576   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>P<br><b>NAME</b><br>FEATHERS, RICK<br><b>STREET ADDRESS</b><br>16242 NORTH FLORIDA AVE<br><b>CITY-ST-ZIP</b><br>LUTZ, FLORIDA 33549  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>VP<br><b>NAME</b><br>ARCARO, LAUREN<br><b>STREET ADDRESS</b><br>11500 OLD TAMPA BAY DR<br><b>CITY-ST-ZIP</b><br>SAN ANTONIO, FL 33576  | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>VP<br><b>NAME</b><br>ARCARO, LAUREN<br><b>STREET ADDRESS</b><br>16242 NORTH FLORIDA AVE<br><b>CITY-ST-ZIP</b><br>LUTZ, FLORIDA 33549   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>FORREST, RON<br><b>STREET ADDRESS</b><br>11500 OLD TAMPA BAY DR<br><b>CITY-ST-ZIP</b><br>SAN ANTONIO, FL 33576   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br>T<br><b>NAME</b><br>MEADOWS, ROBERT<br><b>STREET ADDRESS</b><br>16242 NORTH FLORIDA AVE<br><b>CITY-ST-ZIP</b><br>LUTZ, FLORIDA 33549   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Delete |  | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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, I am empowered.</b> |                                 |  |  |   |  |
| <b>SIGNATURE:</b> <i>Richard M Feather</i> <b>4-19-07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |                                 |  |  |   |  |

**66012147**

