2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

04-30-2007 90814 001 ***350.00

Daytime Phone #

OCUMENT # N05000003890	
Entity Name	1
INEWOOD AT LIVE OAK PRESERVE ASSOCIATION.	(3.2
' ·	19,744



1. Entity Nam PINEWO		VE OAK PRESER	∕E ASS	OCIATION,	N. Test					
Principal Place of Business 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576		Mailing Address 11500 OLD TAMPA BAY DR SAN ANTONIO, FL 33576			66012147					
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.			03152007 _C	hg-NP C	CR2E037 (12/06)		
City & State LUTZ, FLORIDA			City & State LUTZ, FLORIDA			4. FEI Number 20-269130)2		oplied For	
Zip 33549 Country USA		Zip	Zip 33549 Country		USA	5. Certificate of S		\$8.75 Add	ditional	
	6. Name	and Address of Current I	Registered	Agent			7. Name and Add	iress of New Regis		
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_IONNIE_R Street Address (P.O. Box Number is Not Acceptable) 16242 NORTH FLORIDA AVE				
					C	ly Zip Code				
8. The above the obligat	named entity tions of registe	submits this statement for agent.	the purpo	se of changing its	registered of			the State of Florida		33549 and accept
SIGNATURE .	Signature, typed o	x printed name of registered agent a	nd title if applic	cable. (NOTE	. Registered Age	nt signature require	d when reinstating)	-	DATE	
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be		check payable t	
	out by in	ay 1, 2007		Hust Fund C	ontriouno		Added to Fees	Florida	Department of S	tate
10.	- Cuc by III	OFFICERS AND DIR	ECTORS	Trust I una C	11.					
	Р		ECTORS	***	11.		Added to Fees ADDITIONS/CHANG		AND DIRECTORS IN	I 10
10. TITLE NAME	P	OFFICERS AND DIR	ECTORS	☐ Delete	11.	P	ADDITIONS/CHANG	ES TO OFFICERS /		
TITLE	P KRIEFF, R	OFFICERS AND DIR	ECTORS	***	11.	P FEA	ADDITIONS/CHANG	 ES TO OFFICERS / K	AND DIRECTORS IN Change	I 10
TITLE NAME	P KRIEFF, R 11500 OLD	OFFICERS AND DIR	ECTORS	***	11.	P FEA	ADDITIONS/CHANG ATHERS, RIC 242 NORTH F	 ES TO OFFICERS / K LORIDA AVI	AND DIRECTORS IN Change	I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRIEFF, R 11500 OLD	OFFICERS AND DIR OBERT D D TAMPA BAY DR	ECTORS	☐ Delete	11. TITLE NAME STREET AD CITY-ST-Z	P FEA	ADDITIONS/CHANG	 ES TO OFFICERS / K LORIDA AVI	AND DIRECTORS IN Change	J 10 ☐ Addition
TITLE NAME STREET ADDRESS	P KRIEFF, R 11500 OLD SAN ANTO	OFFICERS AND DIR OBERT D O TAMPA BAY DR ONIO, FL 33576	ECTORS	***	11. TITLE NAME STREET AD CITY-ST-Z	P FEA 162 P LIII	ADDITIONS/CHANG ATHERS, RIC 242 NORTH F CZ,FLORIDA	 ES TO OFFICERS / K LORIDA AVI	AND DIRECTORS IN Change	I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P KRIEFF, R 11500 OLE SAN ANTO VP ARCARO.	OFFICERS AND DIR OBERT D O TAMPA BAY DR ONIO, FL 33576	ECTORS	☐ Delete	11. TITLE NAME STREET AD CITY-ST-Z	P FEA 162 LIII VP ARCA	ADDITIONS/CHANG ATHERS, RIC 242 NORTH F TZ,FLORIDA ARO,LAUREN	LES TO OFFICERS A K LORIDA AVI 33549	AND DIRECTORS IN Change E Change	J 10 ☐ Addition
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12. Thereby 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 OF DIRECTOR