2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2006 8:00 am Secretary of State DOCUMENT # N05000003891 05-01-2006 90785 001 ***630.00 ASHWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC. Principal Place of Business Mailing Address 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, Apl. #, etc. 04172006 CR2E037 (11/05) City & State San Antonio, Fl City & State San Antonio, F1 4. FEI Number 20-2690763 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33576 33576 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jonnie R Tyler Street Address (P.O. Box Number is Not Acceptable) GERSON, GARY N ESQ 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401 11500 Old Tampa Bay Dr City Zip Code 33576 San Antonio 5. 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. 4-24-06 SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees PADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1Ω 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition Robert D Krieff NAME 11500 Old Tampa Bay Dr STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP San Antonio, Fl 33576 Delete ***Addition TITLE TITLE ☐ Change Lauren Arcaro NAME STREET ADDRESS STREET ADDRESS 11500 Old Tampa Bay Dr CITY-ST-ZIP CITY-ST-7IP 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, F1 33576 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information acculate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if indicated on this report or supplements of the corporation or the receiver or truchanged, or on an attachment with an

empowered.

SIC NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED