



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 # N05000003891</b> 1. Entity Name <b>ASHWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.</b>																																																																																																																													
Principal Place of Business <b>3300 UNIVERSITY DR CORAL SPRINGS, FL 33065</b>			Mailing Address <b>3300 UNIVERSITY DR CORAL SPRINGS, FL 33065</b>																																																																																																																										
2. Principal Place of Business - No P.O. Box # <b>16242 NORTH FLORIDA AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>16242 NORTH FLORIDA AVE</b> Suite, Apt. #, etc.																																																																																																																											
City & State <b>LUTZ, FLORIDA</b>		City & State <b>LUTZ, FLORIDA</b>		4. FEI Number <b>20-2690763</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>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P KRIEFF, ROBERT D</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P FEATHER, RICK</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11500 OLD TAMPA BAY DR</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">16242 NORTH FLORIDA AVE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">SAN ANTONIO, FL 33576</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">LUTZ, FLORIDA 33549</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ARCARO, LAUREN</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">ARCARO, LAUREN</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11500 OLD TAMPA BAY DR</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">16242 NORTH FLORIDA AVE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">SAN ANTONIO, FL 33576</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">LUTZ, FLORIDA 33549</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">T</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">T</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">FORREST, RON</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">MEADOWS, ROBERT</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">11500 OLD TAMPA BAY DR</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">16242 NORTH FLORIDA AVE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">SAN ANTONIO, FL 33576</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">LUTZ, FLORIDA 33549</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	P KRIEFF, ROBERT D	<input type="checkbox"/> Delete	TITLE	P FEATHER, RICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	11500 OLD TAMPA BAY DR		STREET ADDRESS	16242 NORTH FLORIDA AVE		CITY - ST - ZIP	SAN ANTONIO, FL 33576		CITY - ST - ZIP	LUTZ, FLORIDA 33549		TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ARCARO, LAUREN		NAME	ARCARO, LAUREN		STREET ADDRESS	11500 OLD TAMPA BAY DR		STREET ADDRESS	16242 NORTH FLORIDA AVE		CITY - ST - ZIP	SAN ANTONIO, FL 33576		CITY - ST - ZIP	LUTZ, FLORIDA 33549		TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	FORREST, RON		NAME	MEADOWS, ROBERT		STREET ADDRESS	11500 OLD TAMPA BAY DR		STREET ADDRESS	16242 NORTH FLORIDA AVE		CITY - ST - ZIP	SAN ANTONIO, FL 33576		CITY - ST - ZIP	LUTZ, FLORIDA 33549		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																																																																																																																										
TITLE	P KRIEFF, ROBERT D	<input type="checkbox"/> Delete	TITLE	P FEATHER, RICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
STREET ADDRESS	11500 OLD TAMPA BAY DR		STREET ADDRESS	16242 NORTH FLORIDA AVE																																																																																																																									
CITY - ST - ZIP	SAN ANTONIO, FL 33576		CITY - ST - ZIP	LUTZ, FLORIDA 33549																																																																																																																									
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
NAME	ARCARO, LAUREN		NAME	ARCARO, LAUREN																																																																																																																									
STREET ADDRESS	11500 OLD TAMPA BAY DR		STREET ADDRESS	16242 NORTH FLORIDA AVE																																																																																																																									
CITY - ST - ZIP	SAN ANTONIO, FL 33576		CITY - ST - ZIP	LUTZ, FLORIDA 33549																																																																																																																									
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
NAME	FORREST, RON		NAME	MEADOWS, ROBERT																																																																																																																									
STREET ADDRESS	11500 OLD TAMPA BAY DR		STREET ADDRESS	16242 NORTH FLORIDA AVE																																																																																																																									
CITY - ST - ZIP	SAN ANTONIO, FL 33576		CITY - ST - ZIP	LUTZ, FLORIDA 33549																																																																																																																									
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																										
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 M. Feather</b> <b>4-19-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													