
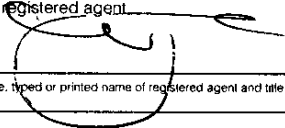
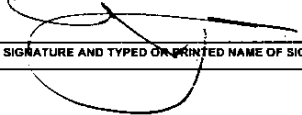


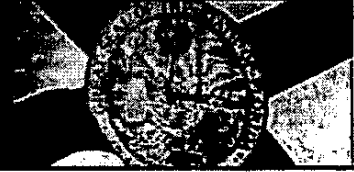
# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90267 027 \*\*\*\*61.25

<b>DOCUMENT # N05000003891</b>					
<b>1. Entity Name</b> ASHWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.					
<b>Principal Place of Business</b> 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549			<b>Mailing Address</b> 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04152008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 20-2690763				Applied For <input type="checkbox"/> Not Applicable	
<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>  TYLER, JONNIE R 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549			<b>7. Name and Address of New Registered Agent</b> Name <u>LandArc, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6150 State Rd. 70</u> City <u>Bradenton</u> FL    Zip Code <u>34203</u>		
<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 			DATE <u>4-16-08</u>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			<b>9. Election Campaign Financing</b> 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 FEATHER, RICK 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARCARO, LAUREN 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEADOWS, ROBERT 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.</b>					
<b>SIGNATURE:</b> 			Date <u>4-16-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



[Home](#)

[Contact Us](#)

[E-Filing Services](#)

[Document Searches](#)

[Forms](#)

[Help](#)

[Previous on List](#)

[Next on List](#)

[Return To List](#)

[No Events](#)

[No Name History](#)

[Entity Name Search](#)

## Detail by Entity Name

### Florida Non Profit Corporation

ASHWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

### Filing Information

Document Number N05000003891

FEI Number 202690763

Date Filed 04/15/2005

State FL

Status ACTIVE

### Principal Address

16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

Changed 04/30/2007

### Mailing Address

16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

Changed 04/30/2007

### Registered Agent Name & Address

TYLER, JONNIE R  
16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549 US

Name Changed: 05/01/2006

Address Changed: 04/30/2007

### Officer/Director Detail

#### Name & Address

Title P

FEATHER, RICK  
16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

Title VP

ARCARO, LAUREN  
16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

Title T

MEADOWS, ROBERT  
16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

ATTACHMENT

40097924  
# N05000003891

## Annual Reports

### Report Year Filed Date

2006 05/01/2006

2007 04/30/2007

## Document Images

04/30/2007 -- ANNUAL REPORT

[View image in PDF format](#)

05/01/2006 -- ANNUAL REPORT

[View image in PDF format](#)

04/15/2005 -- Domestic Non-Profit

[View image in PDF format](#)

**Note:** This is not official record. See documents if question or conflict.

[Previous on List](#)

[Next on List](#)

[Return To List](#)

No Events

No Name History

[Entity Name Search](#)