2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003894

FILED Apr 20, 2009 Secretary of State

Entity Name: DRIFTWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

16242 NORTH FLORIDA AVE 4131 GUNN HWY LUTZ, FL 33549 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

16242 NORTH FLORIDA AVE 4131 GUNN HWY LUTZ, FL 33549 TAMPA, FL 33618

FEI Number: 20-2691119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANDARC, INC
6150 STATE RD. 70
BRADENTON, FL 34203
US
BECKER & POLIAKOFF
311 PARK PLACE BLVD
SUITE 250

CLEARWATER, FL 33579 US

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.

SIGNATURE: ELLEN HIRSCH DE HAAN 04/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

Title: P (X) Change () Addition

 Name:
 FEATHER, RICK
 Name:
 FEATHER, RICK

 Address:
 16242 NORTH FLORIDA AVE
 Address:
 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 TAMPA, FL 33618

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ARCARO, LAUREN
 Name:
 ARCARO, LAUREN

 Address:
 16242 NORTH FLORIDA AVE
 Address:
 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 TAMPA, FL 33618

 Name:
 MEADOWS, ROBERT
 Name:
 MEADOWS, ROBERT

 Address:
 16242 NORTH FLORIDA AVE
 Address:
 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33549
 City-St-Zip:
 TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK FEATHERS P 04/20/2009