
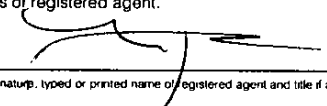
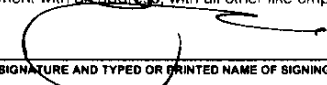


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

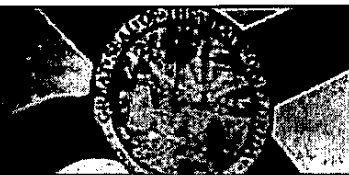
05-05-2008 90267 025 \*\*\*\*61.25

<b>DOCUMENT # N05000003900</b> 1. Entity Name <b>BRIARWOOD 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2691042</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 Name <b>LandArc Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6150 State Rd 70</b> City <b>Bradenton</b> <b>FL</b> Zip Code <b>34203</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)</small>				DATE <b>4-16-08</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing 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	<b>P FEATHERS, RICK 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549</b>	<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	<b>VP ARCARO, LAUREN 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549</b>	<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	<b>T MEADOWS, ROBERT 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549</b>	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4-16-08</b> Daytime Phone #	

40097926



04152008 Chg-NP CR2E037 (12/06)

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No Events

No Name History

40097926

Entity Name Search

**Detail by Entity Name****Florida Non Profit Corporation**

BRIARWOOD AT LIVE OAK PRESERVE ASSOCIATION, INC.

**Filing Information**

Document Number N05000003900

FEI Number 202691042

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

FEATHERS, RICK  
16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

Title VP

ARCARO, LAUREN  
16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

ATTACHMENT

Title T

MEADOWS, ROBERT  
16242 NORTH FLORIDA AVENUE  
LUTZ FL 33549

40097926  
#N05000003900

## Annual Reports

### Report Year Filed Date

2006 05/01/2006

2007 04/30/2007

## Document Images

04/30/2007 -- ANNUAL REPORT

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

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