


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90182 038 \*\*\*\*61.25

<b>DOCUMENT # N05000008825</b>		
1. Entity Name LIVE OAKS NEIGHBORHOOD ASSOCIATION, INC.		

Principal Place of Business 5100 BURLINGTON AVENUE NORTH ST. PETERSBURG, FL 33710	Mailing Address 5100 BURLINGTON AVENUE NORTH ST. PETERSBURG, FL 33710
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**60022387**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>04-3690138</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEVENS, MARIELLA B 5100 BURLINGTON AVENUE NORTH ST. PETERSBURG, FL 33710		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 <i>Mariella B. Stevens</i>	DATE <b>1-9-06</b>

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVENS, MARIELLA 5100 BURLINGTON AVENUE NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Frank, Jeffrey 5319 Third Avenue North St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSON, SUSAN 5120 SECOND AVENUE NORTH ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank, Kirsten 5319 Third Avenue North St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOUD, LARRY 5171 BURLINGTON AVENUE NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brave, Dan 5209 Second Avenue North St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOTH, KATIE 5133 BURLINGTON AVENUE NORTH ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Puzia, Henry 5758 Dartmouth Avenue North St. Petersburg, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUZIA, JOYCE 5758 DARTMOUTH AVENUE NORTH ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Stevens, Mariella 5100 Burlington Avenue North St. Petersburg, FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUILLAUME, JESSICA 5170 THIRD AVENUE NORTH ST. PETERSBURG, FL 33710 <input checked="" 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.	
SIGNATURE: <i>Mariella B. Stevens</i>	DATE <b>1-9-06</b> DAYTIME PHONE # <b>727-321-1878</b>