


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000012429</b>					
1. Entity Name <b>LIVE OAK GOLF AND COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>234 NORTH SUMMIT STREET CRESCENT CITY FL 32112</b>			Mailing Address <b>234 NORTH SUMMIT STREET CRESCENT CITY FL 32112</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>41-2197944</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASBURY, JAY D 234 NORTH SUMMIT STREET CRESCENT CITY FL 32112</b>			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____					



1st MOORE CR2E037 (10/06)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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	DP CHURCH, SAMUEL B PO BOX 1503 JEFFERSON NC 28640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>U00000615462</b> <b>02/06/07-80074-001 61.25</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	DS CHURCH, SHIRLEY PO BOX 1503 JEFFERSON NC 28640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY ST ZIP	DVT DARNELL, BARRY 107 CYPRESS LANDING JACKSONVILLE FL 32559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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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"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Samuel B. Church

1-30-07 386-409-9651