

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012429

1. Entity Name

**LIVE OAK GOLF AND COUNTRY CLUB ESTATES
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**234 NORTH SUMMIT STREET
CRESCENT CITY FL 32112**

**234 NORTH SUMMIT STREET
CRESCENT CITY FL 32112**



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

41-2197944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASBURY, JAY D
234 NORTH SUMMIT STREET
CRESENT CITY FL 32112**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature and title required when filing.)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	DP	<input type="checkbox"/> Delete
NAME	CHURCH, SAMUEL B	
STREET ADDRESS	PO BOX 1503	
CITY- ST- ZIP	JEFFERSON NC 28640	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CHURCH, SHIRLEY	
STREET ADDRESS	PO BOX 1503	
CITY- ST- ZIP	JEFFERSON NC 28640	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	DARNELL, BARRY	
STREET ADDRESS	107 CYPRESS LANDING	
CITY- ST- ZIP	JACKSONVILLE FL 32559	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		

**U00000876244
04/11/08-80066-021 61.25**

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

2/14/08

386-698-1970