

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002657

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** LIVINGSTON PARK PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1213 SE 3RD ST.  
OCALA, FL 34471

**New Principal Place of Business:**

602 SE OSCEOLA AVE  
OCALA, FL 34471

**Current Mailing Address:**

1213 SE 3RD ST.  
OCALA, FL 34471

**New Mailing Address:**

602 SE OSCEOLA AVE  
OCALA, FL 34471

**FEI Number:** 26-1240071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCUDDER, TODD S.  
1213 SE 3RD ST.  
OCALA, FL 34471 US

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

SCUDDER, TODD S.  
602 SE OSCEOLA AVE  
OCALA, FL 34471 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:

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: SCUDDER, TODD S.  
Address: 1213 SE 3RD ST.  
City-St-Zip: OCALA, FL 34471

Title: DS ( ) Delete  
Name: JAYCOX, TED K.  
Address: 1271 SW 104 ST. RD.  
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete  
Name: HAINES, TIM D.  
Address: 125 NE 1ST AVE., STE. 1  
City-St-Zip: OCALA, FL 34470

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TODD SCUDDER

DPT

04/24/2009

Electronic Signature of Signing Officer or Director

Date