


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90045 032 ****61.25

DOCUMENT # N06000003782 1. Entity Name LIVINGSTON SQUARE CONDOMINIUM ASSN., INC.					
Principal Place of Business 622 SE 2ND STREET GAINESVILLE, FL 32601			Mailing Address 622 SE 2ND STREET GAINESVILLE, FL 32601		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANGLIN, GARY 622 SE 2ND STREET GAINESVILLE, FL 32601				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANGLIN, GARY	NAME			
STREET ADDRESS	622 SE 2ND STREET	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREY, SHARON	NAME			
STREET ADDRESS	4421 NW 39TH AVE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, CARL L	NAME			
STREET ADDRESS	4421 NW 39TH AVE BLDG 1 SUITE 2	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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01242007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-5009800** 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

Name

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

City

FL Zip Code

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