

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003782

FILED
Feb 11, 2009
Secretary of State

Entity Name: LIVINGSTON SQUARE CONDOMINIUM ASSN., INC.

Current Principal Place of Business:

622 SE 2ND STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

622 SE 2ND STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-5009800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGLIN, GARY
622 SE 2ND STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANGLIN, GARY
Address: 622 SE 2ND STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: GREY, SHARON
Address: 4421 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: JOHNSON, CARL L
Address: 4421 NW 39TH AVE BLDG 1 SUITE 2
City-St-Zip: GAINESVILLE, FL 32606

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: GENE KIRKLAND

A

02/11/2009

Electronic Signature of Signing Officer or Director

Date