

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PH 4: 13

DOCUMENT # N12648 (4)

1. Corporation Name

**1300 LIVE OAK PLANTATION PROPERTY OWNERS ASSOCIA
TION, INC.**

Principal Place of Business

**1503 MILLSTREAM
TALLAHASSEE FL 32312**

Mailing Address

**1503 MILLSTREAM
TALLAHASSEE FL 32312**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/19/1985

3a. Date of Last Report

12/15/1994

4. FEI Number

59-2958166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

28

30

9. Name and Address of Current Registered Agent

**BUTLER, NEIL H
BUTLER & LONG
322 BEARD STREET
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
DOBERT, EARL W
1503 MILLSTREAM
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DV
BELL, SAMUEL P III
1298 MILLSTREAM
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
SPEER, CHRISTINE
1371 MILLSTREAM
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
HAAS, WILLIAM H
1321 MILLSTREAM
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GAVALAS, GEORGE
1370 MILLSTREAM
TALLAHASSEE FL 32312**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment hereto in addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Number)

1/25/95

904-386-1478