

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N12648 (4)

1. Corporation Name

1300 LIVE OAK PLANTATION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1503 MILLSTREAM
TALLAHASSEE FL 32312

1503 MILLSTREAM
TALLAHASSEE FL 32312



2. Principal Place of Business	2a. Mailing Address
21 1370 Millstream	26 1370 Millstream
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Tallahassee, FL	28 Tallahassee, FL
24 32312	29 32312
25 Country	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
12/19/1985	02/07/1995
4. FEI Number	Applied For
59-3958166	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOBERT, EARL W	
STREET ADDRESS	1503 MILLSTREAM	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BELL, SAMUEL P III	
STREET ADDRESS	1298 MILLSTREAM	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPEER, CHRISTINE	
STREET ADDRESS	1371 MILLSTREAM	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAAS, WILLIAM H	
STREET ADDRESS	1321 MILLSTREAM	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAVALAS, GEORGE	
STREET ADDRESS	1370 MILLSTREAM	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Mica	
1.3 STREET ADDRESS	1262 Millstream	
1.4 CITY-ST-ZIP	Tallahassee, FL 32312	
2.1 TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Thomas	
2.3 STREET ADDRESS	1430 Millstream	
2.4 CITY-ST-ZIP	Tallahassee, FL 32312	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Randy Miller	
4.3 STREET ADDRESS	1394 Millstream	
4.4 CITY-ST-ZIP	Tallahassee, FL 32312	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 empowered 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

488-5667

Daytime Phone #

CR2E037 (12/95)