


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90022 046 ****61.25

DOCUMENT # N12648 1. Entity Name 1300 LIVE OAK PLANTATION PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1371 MILLSTREAM TALLAHASSEE FL 32312 US			Mailing Address 1371 MILLSTREAM TALLAHASSEE FL 32312 US		
2. Principal Place of Business		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				4. FEI Number: 59-2958166	
PADGETT, JOEL C 1371 MILLSTREAM TALLAHASSEE FL 32312				Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name Street Address (P.O. Box Number is Not Acceptable) City				State: FL Zip Code	
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: <u><i>Joel C. Padgett, Treasurer</i></u> DATE: <u>02-10-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-STATE-ZIP	D MICA, DAVID F 1262 MILLSTREAM TALLAHASSEE FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP THOMAS, JOHN C III 1430 MILLSTREAM TALLAHASSEE FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T PADGETT, JOEL C 1371 MILLSTREAM RD. TALLAHASSEE FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MILLER, RANDALL P 1334 MILLSTREAM TALLAHASSEE FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD PREVATT, BRUCE 1382 MILLSTREAM RD. TALLAHASSEE FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joel C. Padgett</i></u>		Date: <u>02-10-04</u>		Daytime Phone #: <u>644-3484</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					