2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# N12648

Entity Name: 1300 LIVE OAK PLANTATION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1371 MILLSTREAM ROAD
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

1371 MILLSTREAM ROAD
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-2958166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, JAMES W
109 W. 4TH AVENUE
TALLAHASSEE, FL 32303 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:	P	( ) Delete
Name:	ANDERSON, JAMES W	
Address:	1441 MILSTREAM RD	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	T	( ) Delete
Name:	ALMAGUER, DONNA	
Address:	1455 MILLSTREAM RD.	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	VP	( ) Delete
Name:	THOMAS, JOHN	
Address:	1430 MILLSTREAM RD.	
City-St-Zip:	TALLAHASSEE, FL 33312	
Title:	S	( ) Delete
Name:	YOUNG, W.A.	
Address:	1321 MILLSTREAM RD	
City-St-Zip:	TALLAHASSEE, FL 32312	

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:	
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: DONNA ALMAGUER T 02/02/2009
Electronic Signature of Signing Officer or Director — Date