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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38455** (4)

1. Corporation Name

THE CLUB OF LIVE OAK CONDOMINIUM, INC.



Principal Place of Business 110 GRAND OAKS CIRCLE DAYTONA BEACH FL 32114	Mailing Address 1801 S. NOVA RD. S DAYTONA FL 32119-1733 US
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3. Date Incorporated or Qualified 06/01/1990	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 1166 Pelican Bay Dr. Suite, Apt. #, etc. 22 City & State 23 Daytona Beach FL Zip 24 32119	2a. Mailing Address 26 1166 Pelican Bay Dr. Suite, Apt. #, etc. 27 City & State 28 Daytona Beach, FL Zip 29 32119 Country 30 U.S.A.
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4. FEI Number 59-3128466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARBARA J. SELWITZ-NELSON & SELWITZ 1166 PELICAN BAY DRIVE DAYTONA BEACH FL 32119	
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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 SPINDLER, W M	
STREET ADDRESS 148 GRAND OAKS CIRCLE	
CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME FILIBERTO, ALFRED	
STREET ADDRESS 120 GRAND OAKS CIRCLE	
CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE SD	<input type="checkbox"/> DELETE
NAME CRAWFORD, DEBBIE	
STREET ADDRESS 1801 S. NOVA RD	
CITY-ST-ZIP SOUTH DAYTONA FL 32119	
TITLE D	<input type="checkbox"/> DELETE
NAME LEIZEAR, FRANK	
STREET ADDRESS 108 GRAND OAKS CIRCLE	
CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE TD	<input type="checkbox"/> DELETE
NAME HALE, KIRK	
STREET ADDRESS 112 GRAND OAKS CIRCLE	
CITY-ST-ZIP DAYTONA BEACH FL 32114	
TITLE D	<input type="checkbox"/> DELETE
NAME SELTZ, JOYCE	
STREET ADDRESS 120 GRAND OAKS CIRCLE	
CITY-ST-ZIP DAYTONA BEACH FL 32114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Glen Leizear	
1.3 STREET ADDRESS 149 Grand Oaks Circle	
1.4 CITY-ST-ZIP Daytona Beach, FL 32114	
2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME James Dubuke	
2.3 STREET ADDRESS 117 Grand Oaks Circle	
2.4 CITY-ST-ZIP Daytona Beach, FL 32119	
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 President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE Vice President/Director	<input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE _____

CR2E037 (9/96)