


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90156 007 \*\*\*\*61.25


<b>DOCUMENT # N93000001056</b>	
1. Entity Name <b>LIVE OAK HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>200 NORTH FIRST ST COCOA BEACH, FL 32931 US</b>	Mailing Address <b>200 NORTH FIRST ST COCOA BEACH, FL 32931 US</b>
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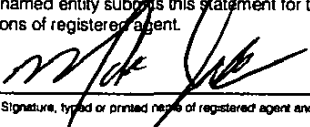
**20054944**

2. Principal Place of Business <b>1617 COOLING Avenue</b>	3. Mailing Address <b>1617 Cooling Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Melbourne FL</b>	City & State <b>MELBOURNE, FL</b>
Zip <b>32935</b>	Country <b>US</b>
Zip <b>32935</b>	Country <b>US</b>

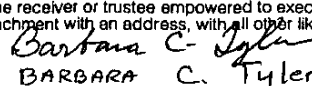
	
03302005 Chg-NP	CR2E037 (10/03)
4. FEI Number <b>65-0512956</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>RIGERMAN, MARILYN A 200 N. FIRST ST COCOA BEACH, FL 32931</b>	
7. Name and Address of New Registered Agent Name <b>Space Coast Property Management</b> Street Address (P.O. Box Number is Not Acceptable) <b>1617 COOLING Avenue</b> City <b>MELBOURNE</b> FL Zip Code <b>32935</b>	

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 	DATE <b>4/27/05</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TYLER, BARBARA 2756 MARICH DR. MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2756 MARIAH DRIVE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORMAND, RICHARD 4847 ERIN LN MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DP DOUG DIXON 2779 CAITLIN CT Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, BENJAMIN 4907 ERIN LANE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DVP KEITH AUGER 2735 MARIAH DR Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMALDI, RALPH 4910 ERIN LANE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D ROB LEDBETTER 2822 MARIAH DR Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HEPLER, ELISA 4928 ERIN LANE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DS DAVID MARKS 4967 ERIN LANE Melbourne, FL 32940</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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: 	DATE <b>April 4, 2005</b> (321) 242-1725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	