

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001056

FILED
Jul 11, 2007
Secretary of State

Entity Name: LIVE OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC COURT, SUITE 104
MELBOURNE, FL 32940 US

New Principal Place of Business:

C/O FAIRWAY MANAGEMENT OF BREVARD
1331 BEDFORD DR. #103
MELBOURNE, FL 32940 US

Current Mailing Address:

C/O SCPM
645 CLASSIC COURT, SUITE 104
MELBOURNE, FL 32940 US

New Mailing Address:

C/O FAIRWAY MGMT
1331 BEDFORD DR. #103
MELBOURNE, FL 32940 US

FEI Number: 65-0512956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC COURT
SUITE 104
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

FAIRWAY MANAGEMENT OF BREVARD, INC
1331 BEDFORD DR.
#103
MELBOURNE, FL 32940 US

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: JIM KENNEY

07/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: MCCROSSON, CHERYL
Address: 4877 EVIN LANE
City-St-Zip: MELBOURNE, FL 32940

Title: DP () Delete
Name: DIXON, DOUG
Address: 2779 CAITIN COURT
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: LEDBETTER, ROB
Address: 2822 MARIAH DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: DS () Delete
Name: MARKS, DAVID
Address: 4967 ERIN LANE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: GOULLO, JOAN
Address: 2781 MARIAH DRIVE
City-St-Zip: MELBOURNE, FL 32940

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:

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: JIM KENNEY

RA

07/11/2007

Electronic Signature of Signing Officer or Director

Date