2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N93000001056

Entity Name: LIVE OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0512956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNEY, JIM
1331 BEDFORD DR.
#103
MELBOURNE, FL 32940 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: DT ( ) Delete
Name: MCCROSSON, CHERYL
Address: 4877 ERIN LANE
City-St-Zip: MELBOURNE, FL 32940

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

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

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

Title: D (X) Delete
Name: GOULD, JOAN
Address: PO BOX 410074
City-St-Zip: MELBOURNE, FL 32941

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: MCCROSSEN, CHERYL
Address: 4877 ERIN LANE
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change ( ) Addition
Name: KENNEY, JAMES
Address: 1331 BEDFORD DRIVE #103
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition
Name: MARKS, DAVID
Address: 4967 ERIN LANE
City-St-Zip: MELBOURNE, FL 32940

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 03/11/2009

Electronic Signature of Signing Officer or Director — Date